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An examination of the influences on choice of first post among a population of final year undergraduate student nurses

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An examination of the influences on choice of
first post among a population of final year
undergraduate student nurses

by

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Abstract

This thesis examines the choice of first post after qualifying among student nurses. Specifically it reports on a census survey using a purpose designed questionnaire completed by final year undergraduate student nurses in three higher education institutions offering undergraduate pre-registration nursing education. Both internal and external influences on the student's choice of first post after qualification were examined. These influences included those on choice of nursing speciality and patient group and on the specific first post preferred by the respondents. The effects of the student's ethnicity, their individual educational programme (Diploma in Higher Education or BSc Hons) and their educational institution are considered in relation to their specific influences on choice of first post. The concept of career was examined both from theoretical and participant's perspectives. Additionally, the nature and effect of career guidance aimed at facilitating choice of first post was examined and was contrasted with career guidance aimed at longer term career choice. The thesis outlines how these data can be used to provide an effective model of career guidance specifically aimed at the study population by adapting an existing career development model which does not at present address the needs of this population adequately.

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Chapter 1: Context and purpose

1.1 Introduction

Achieving a first post is a major point in the career of any nurse. The first employment marks the completion of a process that has lasted at least three years and is the culmination of a period of study that has brought emotional, physical and possibly financial challenges to the students and often their family or partners.

The choice of first post is likely to be influenced by a range of factors. Some of these will be personal. These include influences such as future career aspirations in terms of working within related areas of nursing other than full-time clinical practice, such as education. The choice of post may be influenced by experiences outside of nursing, perhaps personal or family experiences of illness. It may be due to advice and guidance provided either as part of the programme of study or informally outside of the programme. Additionally, more pragmatic influences may play a part in the decision, including for example, the positions that are available at the time of qualification, or it may be where a desired post is available geographically. Financial or family commitments may mean that the options available to the newly qualified nurse are limited. In any case, it is likely that a disparate numbers of factors influence the choice of first post.

This thesis will examine the effects of these influences on the student's first post as a qualified nurse. The first post is perceived as important in terms of getting established as a nurse and may be seen as integrating and consolidating the learning that has taken place within the pre-registration programme. The first post may also be seen as a way of gaining an insight into working in a speciality within nursing that may lead to a decision about a future career pathway. Although much research has been undertaken about the transition between being a student and a qualified nurse, very little research has been undertaken about the influences on first post.

The specific aims of the thesis are:

1. To explore how the concept of career is perceived by student nurses in their final year of training.
2. To explore the following influences on choice of first staff nurse post: personal factors such as age; professional factors such as previous clinical placements; and the perceived status of different nursing specialities.
3. To explore how models of career development and management may be applicable to the choice of first staff nurse post.
4. To explore student nurses' perceptions of whether they or their university or employing organisation have, or should have, the main role in career planning.
5. To explore the perceived importance of the choice of first post in longer term career planning.

This first chapter provides an introduction to the study and an overview of the structure of the thesis. Section 1.2 is a personal reflection on the subject area, Section 1.3 describes the current situation in relation to choosing a first post. The literature review strategy is detailed in 1.4 and definitions used within the thesis are given in Section 1.5. The structure of the thesis is described in 1.6.

1.2 Personal perspectives

As a nurse lecturer, one of the responsibilities of the role is to facilitate the transition of students from a student to qualified nurse. Students have often asked for an opinion as to what is the best area in which to work as a first post. The question is often accompanied by a statement that they have had different opinions from the individuals they have asked previously. While aware of work that has been undertaken on the transition to first post, I was not aware of work on choosing that post. The criteria that I had often used in giving an opinion were based on my personal experiences. This seemed to be less than satisfactory as influences on the choice that I made were unlikely to be the same as those influences affecting future students. The curriculum for pre-registration nursing was also under review and I

was aware that advice on choosing first post was not part of the outgoing curriculum and was not planned to be included in the new one. It seemed that it was part of my role as a lecturer to facilitate the transition to qualified nurse and the choice of first post seemed to be an un-addressed part of that role.

Previous work undertaken as part of the professional doctorate focused on the introduction of specific preparation for working with older adults. This was mainly due to the difficulty in persuading students to see this area of nursing as a positive career choice. The decision not to work in this area was often made on the basis of lack of knowledge and stereotypical views of the speciality. I therefore considered how effective other decisions may be in choosing to work in different areas of work. My awareness of career theory and models of career had been stimulated by that initial work and it seemed a useful step to widen my interest to preparing students to choose their first post in a more structured way and integrate this as part of my role; particularly as I am responsible for running one of the last courses students undertake before qualification.

The study sought to contribute to knowledge by facilitating an increased understanding of the influences on students' choice of first post. This knowledge in turn was used to further develop a model of career development and to inform workforce planning within nursing. Additionally, a new instrument was developed for use within the study which can be used in further research into the phenomenon.

1.3 Choosing a first post – the current context

1.3.1 The nursing workforce

England is facing a critical shortage of nurses and midwives as funding cuts force universities to drastically reduce student numbers which in turn creates longer term challenges to workforce planning (The Council of Deans for Nursing and Health Professions 2007). The Council of Deans predicted that by 2009, the NHS will be faced with an undersupply of nurses, midwives and allied health professionals because of funding cuts. This view is supported by the fact that while the Department of Health is expecting cuts in nurse training as a result of financial

pressures, it anticipates a shortfall of 14,000 nurses by 2011 (Health Service Journal 2007). At present there seems to be a paradox in planning workforce needs in the NHS. There are changing priorities in healthcare which require an informed and motivated workforce, while newly qualified nurses find difficulties in obtaining employment. This situation will be made worse by an ageing workforce, where retirements are predicted to double in the next four years (Health Service Journal 2007). Yet some individual universities have been forced to make even larger reductions in student numbers. At some institutions, particularly in the east of England, London, south central and south-west SHA areas, student numbers have been reduced by 25%, (Health Service Journal 2007). It is interesting that the issue of a shortage of nurses is not new, in fact Buchan and Edwards (2000) noted that this was an issues faced by the Labour administration when they gained power in 1997 and highlighted the need for greatly improved workforce planning.

1.3.2 Workforce planning

Nursing, midwifery and allied health professional education in England is provided via education contracts between the Strategic Health Authorities (SHAs) and Universities. The funding for this education is provided by the Department of Health to SHAs via one component of the 'Multi-Professional Education and Training (MPET) funding'. Other components provide funding for post-graduate medical and dental education and support for the practice teaching of medical students. The funding for nursing and allied health professional education provides for pre-registration and post-registration education and continuing professional development. The numbers of new students commissioned each year by the SHAs should be informed by local workforce planning influenced by the national recommendations of the Workforce Review Team at the Department of Health. As part of the review of the NHS, led by Lord Darzi, major changes are envisaged regarding its workforce planning and educational provision (DOH 2008). These changes will need to be reflected within educational provision and support for students provided by career development processes.

1.3.3 Changes in nurse education

Nurse education has undergone major changes since the early 1990's. In 1995, the last of the traditional schools of nursing was fully integrated into higher education (Burke 2003). The move into higher education has required a culture shift in the way that nurses are prepared academically for their practice. This preparation includes the acquisition of technical skills and the cognitive sets to enable nurses to "balance rights and risks" and to undertake the development of the interprofessional role of nurse in rehabilitation and empowerment (Redfern and Ross 2006). The new curricula, developed following the *Fitness for Practice* report (United Kingdom Central Council for Nursing and Midwifery 1999) were designed to close the gap between theory and practice and to ensure that the relevant skills were present in newly qualified nurses. To ensure fitness for purpose these skills would be evaluated through a range of quality assurance processes such as audit and practitioner/client feedback.(Quinn and Hughes 2007). To what extent the effects that this transition has had upon what a career in nursing may constitute is uncertain. In some ways having a nursing career appears to be readily understood by everyone but if asked to define what it is, this seems not to be so clear. Is it, for example a series of related posts in one specialty, or is it a progression, with promotion occurring within one area? Or could it in fact be either of these? This lack of clarity may be one reason why Marsland (1996), found that career guidance is lacking in pre-registration courses in nursing. However, it is suggested that sessions on for example filling in application forms are often provided under the auspices of terms such as "professional development".

1.3.4 Changes in career structure

It could be argued that in the traditional nurse career structure as described by Grant (1957), there was little need for career guidance. She suggested that on qualification, the nurse traditionally worked in medicine for six months followed by six months within a surgical setting and then either midwifery or marriage beckoned! In recent times however, there has been recognition that the nursing career structure needs revision in order to meet future health care needs and provision. The reasons for this change in career pathways are complex. They would seem to be a combination of

factors that together, force a major shift in the way nursing careers are seen. Duys (2008) suggests that short or long term economic factors emphasise the need for productivity and adaptability in the job market which often leads to downsizing in organisations. Donner and Wheeler (2004) are amongst authors who suggest the rise of the consumer/customer driven model of healthcare may also influence career. They see this influence more on the roles which encompass career, however, they also indicate that the worldwide shortage of nurses that is predicted, (HSJ 2007) and follows a time where internationally large numbers of nurses were unable to find employment, a recent event within the United Kingdom (HSJ 2007). This situation also has been said by them to increase the need for adaptability and flexibility within the concept of career. In an attempt to address the changes, a new initiative *Modernising nursing careers* (DOH 2006) has been proposed which has four key aims:

- Develop a competent and flexible work force
- Update career pathways and career choices
- Prepare nurses to lead in a changed health care system
- Modernise the image of nursing and nursing careers.

To meet these aims, a great deal of work needs to be undertaken by service providers. There also seems an important part to play by those who provide nursing education. The *Agenda for Change* initiative (DOH 2004) has changed the way not only nursing careers are structured but also large parts of the NHS workforce. One of the main tenets of this initiative is the concept of growing staff in place. In this context, staff will stay within an area and will add to their knowledge and skills in order to move up a career banding structure. In some ways this may not easily be accommodated with the concept of a flexible workforce able to move within settings. Career development will need to be adaptable to cope with these conflicting demands.

With the many changes in career taking place, a robust structure of career development would seem to be essential. In particular, if staff are to be grown in place then the choice of first post seems very important and a career development

process is likely to be an essential component of individual development and workforce planning.

1.4 Choosing a first post – developing a conceptual framework for the study

A conceptual framework is necessary to guide the design of the study and to allow for interpretation of the findings. Various models of career planning exist, both generally and in nursing; these are discussed in Chapter 2 including the Donner and Wheeler model which was used within this study. A conceptual framework would guide the further development of this existing model of career planning and development. The conceptual framework arose from three influencing factors and was iterative in nature in that it was partly formed at the beginning of the study by the author's experience. This guided the literature review which reviewed existing literature regarding career and the concepts which relate to it which, in turn, further influenced the development of the conceptual framework.

The chosen conceptual framework sees career as a multidimensional and complex creation. Collin (2007) notes that everyone has an understanding of what career is, but that the understanding is often broad and vague. As Collin (2007) also notes, one way of creating a deeper understanding of career is to acknowledge its “multiples dualities” and influences. The framework allows for career to be viewed via different levels of influences. The national and organisational levels may show influences on career choice from both wider societal and employers perceptions of what career is and the choices to be made within its development. Both of the strategic and organisational levels of influences are seen within the framework. In addition the different individual influences upon career choice are also reflected within the framework. The conceptual framework will be further discussed in Chapter 4 and is shown as Figure 4.1. The framework provides a structure for considering the potential influences that may affect career decision making. This decision making process in itself requires structure to ensure it is coherent and informed. The Donner and Wheeler model of career planning and development (Donner and Wheeler 2004) will be amended using the structure provided by the conceptual framework by mapping the influences described to add to its utility.

1.5 Literature review strategy

As indicated in Chapter 1.4, the literature review was guided by earlier thinking about the conceptual framework and in turn contributed to its further development. The review established what research exists in nursing and elsewhere regarding career development and the models that may guide it. In addition, it has reviewed whether research exists regarding the choice of first post and related data collection instruments.

An extensive electronic literature search and analysis were conducted. Only articles written in English were selected due to translation limitations. Literature was originally identified using CINAHL, Medline and Embase. A search was also carried out on relevant online electronic journals. Keywords were chosen in relation to the section of the search being undertaken. For example, relevant words included: career; career management; and career guidance. There was use of both wildcards and truncation in the search. The articles were then manually examined and reviewed. The time frame included articles from 1950 to the present. Although this included early work in the area it was felt that often an understanding of previous innovations and interventions might provide a useful background to current events. The literature review draws from the wider literature on careers and career management and guidance as well as literature on nursing careers; it has three main components. The first component is a review of the literature on the concept of career and of careers in nursing. The second component focuses on theories of career management and career guidance generally and on how these concepts have been manifest in nursing. The third component is a review of literature on the personal and professional influences on choice of career pathway and on choice of first post with specific reference to nursing.

1.6 Definitions used within the thesis

Arnold (1997) suggests that the terms career, career management, career guidance and career development and planning are used in different ways by different individuals. It is not, therefore, possible to give a universal definition of these terms but it is necessary to provide the definitions used by the researcher as they are key

concepts within this study. 'Career' according to Arnold (1997), is a sequence of employment related positions, roles, activities and experiences encountered by that person. Both Arthur *et al* (1989) and Arnold (1997) see 'career development' as simply the way in which a career progresses is seen as more of an explanatory concept. For the purposes of this study the definition used is that of Donner and Wheeler (2004). Here, career development is seen as a process in which an individual seeks to understand their environment, assess their own strengths and weakness and market themselves in order to further their career. It forms part of career planning which they see as a positive process that takes place as part of professional activity. This is akin to what both Arthur *et al* (1989) and Arnold (1997) term, career management. Finally, career guidance is seen as providing information about relevant career opportunities. This definition corresponds to Arnold (1997) view rather than other authors such as Arthur *et al* (1989) who equate career guidance with career counselling and see it much more as facilitating self awareness relating to individual strengths and weaknesses.

1.7 Structure of the thesis

Chapter 2 of the thesis considers career from both an organisational and individual perspective. The chapter considers the possibility of a shared definition of what constitutes a successful career and explores potential differences between career development in the private and public sectors. In addition, the responsibility for career development is addressed. The Donner and Wheeler model (2001) will be described since it was specifically designed for the development of a nursing career. This chapter will also consider current research on career guidance and development within nursing.

Chapter 3 will address the transition from student to qualified nurse and the potential for its effects on career development. The effects of reality shock will be highlighted. The main focus of this chapter will be on the known influences on choice of first post within nursing. These are the effects of clinical placements, the course experience as a whole, demographic factors and pre-existing factors which occurred prior to the educational programme. The chapter will further develop the discussion

of career planning during the course with a focus on models of career planning and guidance, particularly in relation to first post.

Chapter 4 starts with a description of the conceptual framework of the study and outlines the design of the study and the methods used within it. It shows how a conceptual framework influenced the development of the study and the research design is described. The research sites and access to them along with potential ethical issues are discussed. The sample used for the study is also described. As the literature review did not provide a suitable instrument for data collection, an instrument was specifically designed to gather findings for the study. The process of developing the instrument is described in Chapter 5 of the thesis. This chapter will also describe the extensive piloting that took place as part of the development. This instrument may prove useful for the further study of choice of first post.

The findings from the study will be presented in four chapters. The chapters report on a range of influences, which relate to the four levels outlined in Section 1.4 and explored in more detail in the conceptual framework shown in Chapter 4. Chapter 6 details the profile of the responders in terms of programme, university site, age and ethnicity. Chapter 7 outlines the findings in relation to concept of career, career directions, intentions and influences. Chapter 8 focuses on the findings specifically in relation to first post and includes: influences on that choice; the amount of consideration given to the choice; and its relation to choice of first speciality. Chapter 9 presents the findings in relation to career development and the experience of career guidance experienced by respondents. Type of career guidance in relation to both careers in general and first post in particular will be shown along with data relating to the perceived responsibility for career development. At the end of each chapter the implications of the findings in relation to the conceptual framework will be outlined. These are further considered in Chapter 10.

Chapter 10 also reviews the contribution made by the study with regard to the five aims set out within this chapter and also to the existing literature in the field of career. This chapter also relates how the study findings were used to further develop and refine the Donner and Wheeler model. Chapter 11 considers the strengths and

limitations of the study and implications for further research. It will also consider implications for nurse education and practice.

Chapter 2: Managing career development and planning: Key issues for nursing

2.1 Introduction

This chapter reviews various aspects of career relevant to this study. Section 2.2 defines career, some of the variations in types of career and specific influences such as gender. Section 2.3 considers organisational and individual perspectives on career and Section 2.4 discusses individual identity and influences on career. Section 2.5 considers the concept of a successful career and Section 2.6 outlines changes in the concept of career. Section 2.7 looks at who and what is involved in career development practice and Section 2.9 examines career development models and research on career guidance within nursing.

2.2 What is career?

Having a career is a concept that is not as clear-cut as it may appear at first glance. It may have a multitude of meanings to different individuals and this may occur even within individuals in the same profession.

2.2.1 Having a career

The terms "job" and "career" are often used interchangeably. However, there are important differences between the two terms. Jobs may often be a means to an end, such as to help pay tuition fees, so the student finds a part-time job at a restaurant. While some jobs lead to careers, for example, a health care worker employed as a healthcare assistant being seconded to nurse training programme. It could be argued that jobs may not always be associated with progression or advancement. Jobs are often time limited, task-oriented positions to help meet the goals of an organisation.

A career could be seen as something that a person builds during a lifetime. Career planning suggests an ability to look ahead to a persons' future and what steps are needed to get there. A career is something that may excite and encourage people to use their best skills and talents and for some, accommodation with personal life and

lifestyle choices are important. An individual may have several different jobs within a career pathway.

Whether individuals consider their work as being a career may influence the employment choices they make and may also influence how parents see careers as being acceptable for their children. Palmer and Cochran (1988) in an experimental design involving 20 families found that parents had a strong effect on children's career choice. A stereotypical view of nursing as not being as valuable as other careers, a view put forward in a discussion paper by Bullock and Waugh (2004), may well be perpetuated within families.

2.2.2 Defining career

Arnold (1997) suggests the term career is one that has many meanings. He observes these may range from conventional concepts of a hierarchical progression to less conventional ones such as cross organisational or indeed a cross professional employment pattern. One of the questions to be addressed within this thesis is that of how individuals see a career. Problems may arise where an individual's concept of a successful career is at variance with the organisation in which they work. Collin (2007) notes that originally career was seen as a pathway and required movement along it by an individual, often working within an organisational environment. This view of career sees it as the "coexistence of organisational/institutional/societal reality" (Collin 2007:559); her view seems to indicate a degree of passivity on the part of the individual with influences of external factors playing a major part in decision making. While this is undoubtedly true, the conceptual framework used within this thesis mentioned in Chapter 1.4, allows for a degree of autonomy at the level of the individual decision making level. In effect if the individual does not want to work in an specific area, in theory at least they do not have to do so. Consideration of some of the strategic influences on career such as changing workforce requirements and educational provision have been outlined in Chapter 1. In order to inform the organisational and individual levels of the conceptual framework, these aspects will now be considered.

2.3 Organisational and individual perspectives on career

From an organisational perspective, Schein (2004) has argued that career may be seen as designed to meet organisational need or it may also be seen as a discovery system for knowledge promotion. How organisational views of career have influenced the ways in which organisations attempt to manage career is addressed in Section 4.2. From an individual perspective, it is the way in which people perceive the concept of career and how this may influence their career choices. The different perspectives on career may be associated with different values being placed on the factors influencing career choice, these include: organisational; personal; and societal perspectives.

The importance of having a career from an individual perspective was first highlighted by the work of Hughes (1958). He suggested that the objective, outsider's concept of success as applied to a person's career needed to be tempered by pointing out the importance of the beholder's eye in viewing a career (Hughes, 1958). Hughes asserted that the subjective career is most important from the standpoint of the individual as he or she evaluates different facets of their career. Hughes highlighted the "criticality" of the objective career when considering the point of view of society and an external perspective that "validates" the tangible facets of an individual's career, such as income, promotion, hierarchical job level, and job mobility. Thus when considering the importance of career from an individual perspective we must consider whether the subjective or a more objective framework is most suitable. There is of course the possibility of a situation where the two views may overlap. Law *et al* (2002) state that identity development has long been seen as a cornerstone in career development. They point out that a clear understanding of oneself is a key part of a successful career choice. In order for this to occur, it is suggested that the potential of individual influences on career choice need to be considered. In the context of this study the literature suggests a number of potential factors which would be gender, age and ethnicity. These will now be considered.

2.4 Individual identity and influences on career

Careers are embedded in the social landscape of a particular time and place, (Sullivan and Crocitto 2007). They also consider that having a career is an important part of creating an individual's identity within society and through their own perception of worth. The creation of a career identity is a complex interaction of sociological and psychological components, (Sullivan and Crocitto 2007). Some of these will be external such as organisational views of career or economic trends and some will be internal such as individual likes and dislikes. While the internal factors such as preference for nursing speciality will be addressed within this thesis, gender is another aspect to identity that has historically been seen as relevant for career influences.

2.4.1 Gender

The concept of career can be argued to perpetuate existing social norms and values in relation to the female role (Bullock and Limbert 2003). This perspective needs to be addressed in tandem with the consideration of the effect of the hierarchical nature of nursing careers as the two may be linked. Gilbert and Rossman (1992) and Bullock and Limbert (2003) discuss how the development of career may be influenced by societal views of a so-called woman's career. They postulate that women may not set career goals which threaten relationships, and that this in turn, may impede their progress. As was mentioned in the previous section, the ability to step on and off a career ladder may be useful in the context of a "woman's career" if childcare is seen as their responsibility. A disadvantage of this system is that stepping off may be seen as a problem for the employer looking for stability and predictability in staff deployment.

Career choices themselves may be gendered as indicated in research by Muldoon and Reilly (2003). A total of 384 nursing students on a university-based Common Foundation Programme participated in a cross-sectional design (a 91% response rate was achieved). Gender and gender role identity were constructed as measured independent variables, with academic and occupational self-efficacy, career aspirations and perceived gender appropriateness of nursing careers considered as

dependent variables. The authors found widespread gendered views of nursing, and differences in the acceptability of various areas of nursing practice in terms of gender; for example, palliative care was ranked as female sex typed whereas accident and emergency was gender neutral.

When considering women in the later stages of a working life, metaphors such as ‘exploration’, ‘quest’, and ‘vision quest’, may be used to describe a process of life review. This review of this stage of career may be impelled by growing awareness that one’s social or vocational identity is no longer what one wants and that the current job situation is far from one’s life dream or goal (Donner and Wheeler 1999). This suggests that career development advice is required at the later stages of a career. How these concepts may be applied at the outset of a working career is unclear. Perhaps, it would be unusual to begin working life in an “ideal job”, and to have one’s social identity so well defined at an early stage would be unusual. Perhaps these influences may also have an effect on the choice of first post.

2.4.2 Age

Age is a factor that may influence career in a number of ways (Cascio 2007). Chandler and Cram (2007) suggest that it may have some effects on mentoring relationships within career but it may be that, as with ethnicity, the concept of age being a factor that may lead to marginalisation within a career structure may be relevant (Prasad et al 2007). The effects of this is discussed within the next section.

Cascio (2007) considers that the stereotyping that can occur regarding age and career still hold sway within current culture. The idea of a “usual” age for a career or of a stage in a career still applies. In Chapter 1, the demographic changes facing nursing education seem to make addressing the view that students enter education straight from school very pertinent. There would seem to be a possibility that the view that “new” nurses are young may have effects on later career trajectories.

2.4.3 Ethnicity

Ethnicity has been widely researched as a possible variable in career direction. (Fouad et al 2005). However, this influence is often difficult to define as there may be many factors at work within the decision making process. While racism and discrimination may part in how career development occurs, more subtle influences may be present. Homophily (Ibarra 1993) is the degree of demographic and identity similarity within a social situation such as employment. This may lead not only to the attraction of similar individuals to employment areas such as a nursing speciality, but may lead to stereotyped views of what career success may mean in relation to a person's ethnicity (Sagus and Cunningham 2005).

Another possible influence of ethnicity on career direction has been described by Prasad et al (2007). In relation to organisations, they suggest that social marginality may influence what is seen as successful or acceptable in terms of career directions within organisations. It is suggested that this may be the same within professions. Certainly being socially marginalised may lead to feelings of powerlessness and disadvantage (Goffman 1963 and Ragins 1997) which may not allow career trajectories to develop as perhaps they might have. There are a number of factors which may lead to a feeling of social marginalisation of which one may be a person's ethnicity.

A third complication which may lead to difficulties addressing possible disadvantage due to ethnicity is the interaction it may have with other factors such as gender. McWhiter (1997) observed that there was often an interaction between factors affecting an individual's career trajectory which needed to be understood. These interactions form part of this study.

2.5 The concept of a successful career

Within nursing, the importance of a planned successful career has been recognized by government. A raft of measures have been introduced to increase retention, for example the, NHS plan (DH 2000) which aims to create examples of objectively defined, successful careers. From an individual's subjective point of view, however.

a successful nursing career may be seen as one that is permanent, offers the possibility of interruption and subsequent rejoining of the workforce or the ability to work part time. These are hallmarks of some nursing careers and in part may be related to gender issues. Some researchers argue that the subjective career is 'secondary to the objective utilities' (Nicholson and de Waal-Andrews, 2005) that are deemed to deserve 'priority attention'. Nicholson and de Waal-Andrews (2005) also assert that, under certain conditions, subjective concepts and outcomes are of utmost importance. It is suggested that to fully understand the individual's perspective on career, that the subjective element must be considered. Kapova *et al* (2007) consider the characteristics that make up the subjective career. They consider that this may be considered from a variety of perspectives namely the psychological, social psychological and sociological. They then put forward the case for the need for a balanced view of what is the "successful" career. What is of note is how the concept of enjoyment or indeed happiness within a career is not as explicit as might be expected in the consideration of a subjective measure of a career. It seems that this aspects of subjective career is lacking and its influence on career choice not developed. This will form a useful part of the study.

Some of these reflections on the changing view of career may have implications for those at the other end of the career continuum. Edmonstone and Watt (1995) described a career management workshop run for staff terminating their employment relationship through early retirement. Participants undertook reflections on their careers, both of the objective and subjective kind. The focus in the workshop was on the use of self-assessment to highlight skills and attributes that may be of use in career choice. The authors, however, acknowledge that the group of staff involved was skilled at self-awareness and assessment. It is questionable as to whether more junior staff have these skills to a similar degree.

In the wider literature, there is a growing awareness of the need to consider both subjective and objective indicators when defining a successful career. Arthur *et al* (2005) compare studies on what is defined as career success. The authors argue the need to reconcile the different measures of success that are used within career theory as both objective and subjective measures have been seen as important. The authors proposed that in spite of difficulties in comparing the relative importance of the two

measures in terms of the research designs used to measure them, that both may contribute to career theory. Ng *et al* (2005) undertook a meta-analysis, which reviewed four categories of predictors of objective and subjective career success: human capital; organisational sponsorship; socio-demographic status; and stable individual differences. Of these, human capital and socio-demographic status were most associated with subjective views of success. Organisational sponsorship and stable individual differences were most associated with objective views of success. The authors suggest that the use of these predictors was helpful in determining career development, (Ng *et al* 2005). They suggest that measuring career success may need to utilize different variables in relation to the organisational view, as opposed to the individual's view of a successful career. This suggests that in developing a successful career all these variables will need to be taken into account in any model of career development.

2.5.1 Vertical and lateral careers

Nursing careers were characterised in the past by the need to move out of practice to gain promotion, defined for example by Baruch (2003), as an example of a vertical career ladder. This meant that it was possible for nurses not only to rise to the top of the ladder, but also to step on and off it at appropriate times for career breaks. Historically this has related to breaks for childcare and may be related to the gender balance referred to in the next section. The *Agenda for Change* pay initiative (DH 2004), may have changed this to a more lateral career ladder with staff being “grown” in place. Delaying of a career hierarchy, where levels of management are reduced in number, has been highlighted as a widespread development in employment (Arnold 1997). It may be different within nursing, however, since there is still a hierarchy of grades now delineated by a series of competencies. Marsland (2004) has stated that while there is evidence that the importance of career guidance in this changed environment has been recognised, she also found evidence that its provision in pre-registration curricula is variable

2.6 Changes in the concept of career

There has been a shift in the understanding of the concept of career for both individuals and organisations. In summary, the traditional life-long career of hierarchical progression in one organisation with reliance on organisational career management, has been replaced by new or boundaryless careers, characterised by reduced likelihood of life-long, full-time employment, increased likelihood of job change, layering of career structures and reliance on career self-management. Many authors for example, Arnold and Johnson (1997), Arthur and Rousseau (1996), Adamson *et al* (1998) described these changes in career patterns. The exact nature of these changes and their future direction has not however, been extensively researched. The concept of the death of a traditional career does seem particularly applicable to nursing where it was one of the careers for which the term a “job for life” could be associated. If this situation is no longer the norm, which may be the case, then this would seem to suggest that this is no longer the case with redundancies of clinical nurses now occurring. This would appear to suggest another requirement for effective career planning as along with changing clinical priorities, nurses who previously would not have had to consider changing roles or locations may now need to do so.

The ability of individuals to change direction and meet their own and their employers’ career needs has been said to be an important feature of the twenty-first century career, for example, Arthur and Rousseau (1996). Ball (1997) emphasises the fact that the concept of career has changed with the life long career becoming increasingly redundant. It is suggested that this is increasingly so even in nursing, which could be argued to have been shielded from this development. Perhaps to be more accurate, while a career as a nurse may be virtually guaranteed today, due to the ageing workforce and demographic trends, continued employment within a single hospital is now much less certain. How far Ball’s observations regarding other changes in careers apply to nursing is less clear. He speaks of downward moves, where a step down in grade within a hierarchy is a vehicle for progression in a career. How downgrading from one grade to a lesser one would be viewed in nursing is questionable. Downgrading as method of career progression could be argued to be a major change in culture within nursing.

Traditionally, nursing has been seen as a classic example of a hierarchical career structure, although de-layering of the higher grades led some authors to conclude that conventional careers in nursing had collapsed (Marrelli 2006). More recent events, however, have suggested the return of hierarchical careers with the adoption of the Agenda for Change framework for career progression within nursing in which specific competencies are linked to points on the scale (DH 2004). How far this inhibits flexibility and a 'boundaryless' career as envisaged by Arthur and Rousseau (1996) and others could be questioned.

2.7 Who and what is involved in career development practice?

This section considers who is likely to be involved in the management of a career and the mechanisms they may use within that practice. It will also introduce the career development model that will be interrogated by the findings from this study.

2.7.1 Changes in career development relationships

There is general agreement that career development practices, (career guidance and counselling) are important for both organisations and individuals (Baruch 2003). There seem however, to be changing views currently regarding where responsibility for career development should lie. In a questionnaire survey of 809 employees and 112 supervisors, Vos and Buyens (2005) found that employees saw self-management of career as important and in fact the influence of employer designed career development processes were seen to be much less important to employers than previous career development theory would suggest. This would seem to be supported by the changes occurring within employment relationships in terms of what has been called the psychological contract between employee and employer (Baruch 2003).

Within today's ever changing environment, both within and without healthcare settings, the concept of psychological contracts where long term career stability is assumed, are becoming less common and organisational commitment may deteriorate (Baruch 2003). Therefore, the role of the organisation as the sole planner

and manager of careers has changed. Robinson and Rousseau (1994) state that the psychological contract in employment terms means that both the employer and the employee have a shared understanding that the terms of their contract will be honoured. This includes not just the legal framework of the contract. The daily interactions that occur between employer and employee are also part of this contract. Put simply there is an expectation of trust within the relationship and the psychological contract makes the job a joint endeavor between the two parties. It can be seen that the suggested end of the “job for life” ethos of employment may have severe implications for the psychological contract between the parties involved with effects on concepts such as loyalty and retention. The NHS, as by far the most dominant employer of nursing could be argued to have taken a paternalistic attitude to “its nurses”. This may have been reflected in staffs’ attitudes to patients. Such attitudes may be changing in the light of changing societal attitudes to career.

In the past, career practices focused on orderly, hierarchical managerial structures, whereas the current trend in the development of career systems calls for a shift to allow for higher flexibility and diversity, with the focus on individuals, their career needs and the way these can be integrated with organisational requirements. How far nursing has followed the lead of other professions in this is unclear. Jarvi and Uusitalo (2004) used a survey of 84 qualified nurses to evaluate the role of job rotation in career development. They make the point that the idea of a non-hierarchical career structure is relatively new to nursing and may provide a different view of career for nurses.

Historically, it could be argued that career structure was implicit within nursing. As observed in Chapter 1, Grant (1957), in an autobiographical account of nurse training in the 1950s spoke of the dilemmas of career progression at that time, either midwifery or marrying a doctor! Since then the picture has become rather complicated. Changes in service provision, social structures, demographics and perhaps above all gender roles have all contributed to a much more complex process. Although the individual now seems to have a more important part to play in career planning, this by no means indicates that organisations should abandon Human Resource Management (HRM) and career management. This is explored further in subsequent sections.

2.7.2 Human resource management and career development practices

There is a change in the HRM role, from “telling” to consulting and participating, and the role of managing careers is now seen within human resource literature as being shared by individuals and their employing organisations through the mechanism of continued professional development (Baruch 2003). A review of the literature undertaken by Rhodes (2008), suggested the growth of career coaching may be an example of this shared responsibility and the transition of an individual from education to work may be seen as important to plan and control. The application of a dynamic career support mechanism as suggested by Baruch (2003), can be used as a measure for level of development and perhaps sophistication of organisational career systems.

Another aspect of the role of career development practices revolves around the use of career development competencies. Ball (1997) introduces this concept into the individual’s responsibility for career development. Competencies as a measure of practice effectiveness are embedded within nursing culture. Their use in terms of career development may be more likely to be embraced by nurses than by some other professions. The four competencies that Ball states need to be developed are:

- i Optimising the situation
- ii Using career planning skills
- iii Engaging in personal development and
- iv Balancing no-work work.

These competencies are based on the work of Defillipi and Arthur (1994).

While lacking in detail regarding how these competencies can be developed specifically within nursing, they seem relevant in terms of the issues thought to be relevant in career planning deficits in other research on nursing career development. These deficits in relation to the lack of career guidance in nursing will be addressed in the next Section 3.5. They would certainly seem to set a challenge for both individuals and their managers.

2.7.3 Line manager responsibilities for career development

In contrast to Ball (1997), Renwick and MacNeill (2002) regard the line manager as a key player in career development. They argue that this situation has arisen from a change in the perception of the role of human resource departments in some areas. This change has seen the devolution of some of the roles of that department to local managers and career development is one of these devolved roles. There may, however, be a difference in this respect between the public and private sector. Some of these differences in terms of career development are described by Whymark and Ellis (1999) and will be discussed in Section 2.7.5. It is relevant to consider if within the NHS, human resource departments are seen as discrete from the day to day work of nurses and therefore best placed to provide career development advice. What is clear is that if line managers are to be responsible for career development then perhaps this requires a set of skills they may not have?

When considering who should be responsible for career development, Conger (2002) describes the role of the manager as important. While the role of nurse executives who may be deemed as senior managers was considered, Conger also reviewed the role of more junior managers or supervisors. She noted that four types of supervisors have been identified within the literature and attempts to consider how effective these types would be in terms of the career development of staff. The first type of supervisor noted is that of the “craftsperson”. This individual sees work as a craft that they undertake. The “craftsperson” takes pride in their work and see others in terms of how they may assist them in their own craft. Conger (2002), sees them as likely, therefore, not to be effective in terms of developing staff as they are too concerned with their own performance and the role of others merely facilitating this. Conversely the second type of supervisor, the “games person” is seen as the best in terms of the career development role. This individual sees work in terms of a game to be played, likes innovation and change and sees improving work as a challenge to be fulfilled. Another type of superior likely to be effective in the career development role is that of the “organisation person”. This individual sees work as being tied in with the good of the organisation as a whole. The likelihood is, therefore, that career development, which benefits the organisation, would be seen as worthwhile and worth investing time in. The final type of supervisor, the “jungle fighter”, is again

seen as likely to be inefficient as a career developer. This individual sees work in terms of personal power and status and is therefore not likely to invest time in others. How then can this be applied to nursing? If, as several authors have stated, career development is often devolved down to what would be a ward or clinic level in nursing, then the quality and type of supervisor available at this level will be vital. There is little evidence of the type of supervisor more common in nursing. It could be argued then that of the four types the craft person is likely to be widely found in nursing as perhaps nurses see themselves as "nurses not managers". This may be a defensive reaction when unpleasant bureaucratic or financial tasks are imposed upon them. Conger (2002) does suggest that supervisors can see their role in career development as either an aid to increased adaptability and motivation in their staff while undertaking their own daily role, or as imposed on a whim of management.

The mentoring of staff as part of career development can be seen as part of the line manager's responsibility, (Angelini 1995). She outlines a two-stage model to facilitate this addressing both structural and process components. This model would address issues such as the environment and events that a person interacts with as part of their career as well as the effects of their peers on individual development. This aspect, which she sees as very important, is of interest in this study. The effect of the need for approval of career choice from peers is thought to be a powerful driver. The author of the thesis suggests that the use of mentoring has become almost synonymous with its use for pre-registration students and not as a method of career guidance for qualified staff, this is not congruent with its use outside the NHS, where it is often seen as part of the career development process.

2.7.4 Comprehensive career practice systems

Baruch (2003) concluded from the results of a consensus discussion by 25 leading academics within the field of career development, that managing careers means that a set of separate career practices can be integrated into one broad, comprehensive career system. This is supported by Peiperl *et al* (2000), who indicated failures in career development more often indicate how older management systems have failed to adapt to changing career pathways rather than the lack of such a system. The new system needs to be more exact about the meanings ascribed to the terms used, and is

characterized by internal integration which reflects the match and fit between the various career practices. Baruch (2003) suggests that a proper framework would benefit employees and would reflect high professional HRM if specific practices are associated with each other. For example, the performance appraisal system could be associated with most of the other practices such as mentoring. Inputs from mentoring can help in developing a career path in that mentoring has long been seen as integral to the development of nursing but has not always been seen as effective or valued. Baruch (2003) also suggests that there is a difference between what can be acknowledged as “best practice” or normative and optimal use of career practices, and the actual operation of these practices in organisations. This may also be an effect of a lack of integration of human resource process activities related to career planning.

Organisational career practices can form a set of associated practices which may operate as a well-integrated, comprehensive system. To achieve a fit and optimal utilization of career practices, it is necessary to apply a two-fold level of integration: “internal integration” – a degree of fit between the variety of practices, and “external integration” – a degree of fit between the career system and the organisational culture and strategy (Baruch 1999). Both integrations are within the organisation and the terms “internal” and “external” refer to the HRM system rather than the organisation versus its environment. If the levels of both internal and external integration need to be addressed for a career development system to be effective, then this poses significant challenges to the NHS in terms of first post. The systems in this case which need to be integrated span two organisations, that of the university and the employing trust.

2.7.5 Differences between career development systems in the private and public sectors

Previously the work of Whymark and Ellis (1999) has been mentioned in relation to potential differences in career development between the public and private sectors. This work comprised of a survey of managers and employees within the public and private sectors. Numbers of responses were small (around 100), but some clear outcomes emerged. Whymark and Ellis begin by reinforcing the point that

previously accepted jobs for life are now increasingly uncommon. They postulate that this is now increasingly true for the public as well as private sectors. The main points they raise are about how both sectors are addressing career development in terms of the other main issue influencing both sectors, that of the increasing development of a flatter organisational structure. This may be an interesting avenue to consider, as it would seem to be a major objective of the Agenda for Change initiative (DH 2004), which forms the basis for career structures, at least in terms of salary structures. The simplification of the multiplicity of roles, job titles and functions within nursing would seem to be a logical outcome of Agenda for Change, and this may possibly lead to a flatter organisational hierarchy within the NHS. It is unclear how this may affect career development and support.

The main difference in how the public and private sector are addressing the issue of flattened hierarchy lies in the choice of interventions seen as important in supporting career choice. In the private sector, Whymark and Ellis (1999) see self-managed learning, training courses and qualifications as the main avenues through which careers are moulded. While these have advantages, the key methods to facilitate career choice in the public sector are seen as mentoring or coaching. Duffy (2003), in a national qualitative survey of factors influencing the failure of nursing students found evidence that in terms of mentorship, nursing is seen as lacking in direction, skills and focus. As in many cases, the same practitioners would be responsible for mentoring in terms of career development this does not necessarily bode well for the availability of guidance on career development. The increasing role of line managers in career development adds to the cause for concern as again these individuals are likely to be the same and the possible lack of skills in career development have already been noted in Section 2.7.3.

2.7.6 Effects of emotion on career choice

In a review of some of the recent UK literature on careers and career interventions Kidd (1998) advocated that greater attention should be given to the role of emotion in career development. In the United Kingdom, changes in the employment context have led career theory to become more concerned with understanding adult work-role transitions, and somewhat less emphasis is now given to initial occupational

entry. Accordingly, the aims of career interventions have been extended to promote “career management” skills as well as career decision-making skills.

Kidd argues that ideas from the literature on emotion can be employed to elaborate current notions of career management to take more account of the feelings and emotions underlying career transitions. This would seem to be particularly important in nursing which has a known body of literature investigating the emotional labour within nursing (Smith 1992). The literature on emotion generally and on emotional labor in particular has potential in understanding the dynamics of career counselling and in developing narrative approaches to counselling. An examination of the provision of career interventions in organisations shows how attending to the emotional dimensions of practice highlights some of the challenging political issues inherent in this context. How seriously evidence of emotional drivers to career development would be taken in the current financially driven NHS environment could, however, be questioned. It has already been stated in Section 2.5, that Ng *et al* (2005) suggests from a meta-analysis of indicators of career success, that subjective measures of success need to be considered. It is suggested by the author of this thesis that, the role of emotion within the construction of subjective measures, means it is a relevant influence to consider. How this is defined in terms of the student experience is open to further debate but often the perception of morale within an area is associated with an emotional reaction to the work environment. While this is under researched in terms of current literature, this was deemed an area that would be included within this study.

In order to address emotion effectively in career development, would require a very individualistic approach which would have resource implications for the NHS. The role of managing emotion as a career development competency valued by both staff and employers is not widely considered to be as important as some others, such as reflection on motives and capacity or career control and networking (Kuijpers and Scheerens 2006). Nonetheless, there is some evidence that the management of emotion is becoming more widely recognized as important (Meijers 2002).

2.8. Career development models in nursing

In terms of career development practice, the use of organised frameworks to facilitate effective practice includes the use of models of career development. It is suggested that the use of models within nursing may address some of the issues described in previous sections of this chapter. This section will review their use.

Different career management models have been applied to nursing. For example Myers-Schim(1990) applies the Dalton and Thompson model (Dalton and Thompson 1986). This career development model has four stages, and addresses the different stages of a professional's career path and what may influence them as they progress along their career. Stage 1 sees the professional working under the guidance of a more senior professional. Stage 2 sees the professional moving beyond an apprentice to making an independent contribution to planned tasks. Stage 3 sees the professional breaking out of planned activity and becoming part of informal groups providing expertise and mentorship to other younger professionals and the final stage, stage 4, is where the professional assumes a leadership role. This model is not specifically designed for nursing and has also been applied more generally to professional practice by Thompson *et al* (1986). Myers-Schim (1990) has, however, applied it specifically to nursing careers. This model does not see career as a transitional experience where the individual has to progress from one stage to another. Stephens (1994) suggests that an individual may remain at the level of stages 1 or 2 . Stephens characterises the stages of the model as:

Stage 1 Apprentice

Stage 2 Independent contributor

Stage 3 Mentor

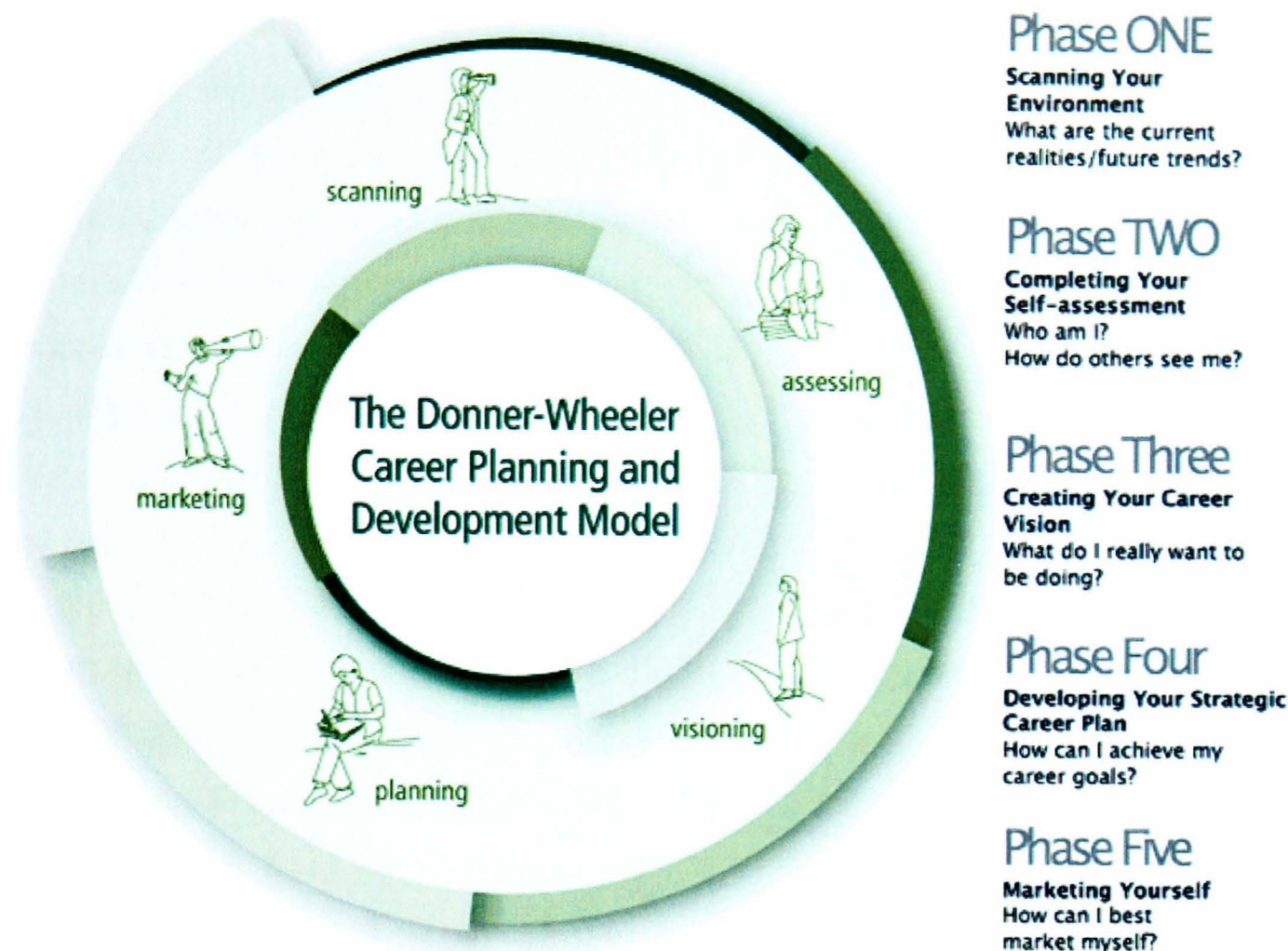
Stage 4 Director.

This model, although not specific to nursing, may be applicable. As part of their career, nurses may be seen to undertake the roles described in the four stages and may indeed choose or be required not to progress to stage 4. However, the model has been rejected from being used within this study for two reasons: it assumes that the process from qualification to apprentice occurs simply as a result of qualification and

it does not address that transition or seek to guide an individual undertaking it. In addition, although the roles described within the stages of the model are seen within nursing, the career of a nurse may comprise a complex series of roles where parts of each stage are seen to be undertaken at different times. The model would seem too rigid for application to nursing.

Another career-planning model for nursing is that developed by Donner and Wheeler (2004). This model recognises the importance of planning a nursing career from the early stages. They use the analogy of planning a patient's discharge from admission. This model suggests five stages in a nurse's career; learning; entry; commitment; consolidation; and withdrawal. Stage two, the entry stage, is where planning would take place for the first post. Donner and Wheeler suggest that it is of particular importance that nurses begin to take control of their careers, however, in their description of the use of their model, they talk about career planning for staff at different stages of their career and they do include students within this. There is no consideration of possible specific influences on students, however, or specific consideration of choice of first post. This application of the model at any of the five stages of career needs to consider the use of five phases. These phases facilitate the nurse to consider elements that may contribute to the development of their career. The phases are shown in Figure 2.1

Figure 2.1 The Donner and Wheeler career planning and development model (2004)



The model has been used successfully with qualified staff, there would seem to be an emphasis on longer-term planning and a failure to address the choice of first post. In a study undertaken by McGillis Hall *et al.* (2004) who applied Donner and Wheeler's (2004) model to staff experiences after qualification, useful data were obtained in terms of which factors were seen as important in career planning. It is not clear how far this can be generalised to student nurses considering their future career development, as the staff group under study in Canada, had a preponderance of baccalaureate nurses with a possible increase in pre-existing career development skills. In addition the possible international differences in concepts of career may be an issue along with differing social and demographic imperatives.

There is recognition by the authors that career planning should encompass the choice of first post, although how this is to be achieved by using the framework is not explicitly described. It is felt that the model and its five stages could be a useful tool in developing an early career plan if the influences informing a decision on first post

were explicitly addressed. The model has, therefore, been chosen as a starting point for the development of new knowledge in this area.

The influences that affect the student's choice may need to be considered within all of the four stages of the model or it may be the case that they sit more precisely within one of the stages. The fact that it is not clear what the influences are and, therefore, where they need to be considered is a limitation of the model and needs to be addressed if the model is to have utility within the pre-qualification setting. None of the models described above have been applied to the choice of first post explicitly. Traditionally there seems to have been a "natural" progression into first post where a student seeks employment in a ward or area of which they have experience of as a student. This has often been the final area before qualification. This progression is unlikely to be possible in a demanding workforce situation where posts are limited. There also seems to be a subtext within the models that career planning starts from qualification. There would seem to be a need for increased self awareness of the potential influences on choice of first post for this model to be effective. A recognition that these influences may arise from a variety of sources and levels of influence as described in Section 1.4 would also seem useful. Student nurses may not have the cognitive skills that some models require to undertake a reflective self assessment due to their lack of experience, though, with the changes in nurse education and the importance placed on reflective practice within it, this may be a rather negative view. This negative view also assumes a lack of life experience that does not necessarily reflect the present student population.

2.9 Summary

Within this chapter the concept of career has been explored along with the issue of responsibility for career development and a discussion of the various groups that may be involved in career guidance has been undertaken. Some of the potential differences in the provision of career guidance within nursing have been explored and models of career development that have been used within nursing have been detailed. Chapter 3 will look specifically at the transition to first post and some of the potential influences that may affect that transition.

Chapter 3: Getting started: influences on choice of first post

3.1 Introduction

The concept of career and the various influences and developments surrounding it have been examined in Chapter 2. This chapter considers the influences on the particular aspect of career development that is the basis of this thesis. Although there has been research on transition from student to qualified nurse, very little has been undertaken on choosing the first post as part of this transition. This chapter will conclude with a review of the literature on career guidance provided during nursing programmes.

3.2 Transition to qualified nurse

There has long been recognition that the transition from student to first post as a qualified nurse is associated with what Kramer (1974) termed ‘reality shock’ and that several aspects of this transition may benefit from more support (Marsland 2004, Rafferty *et al.* 2006). One such aspect is choice of post after qualification, the first stage in a nursing career. While it has been suggested that students may need guidance in choosing an appropriate location and specialty for this important first role, research indicates that such guidance is often absent (Marsland 2004).

The concept of rites of passage first outlined by Van Gennep (1960) provide an interesting vehicle to examine the changes that have taken place in the career patterns of nursing. As has been mentioned already, nursing traditionally has been seen as very hierarchical in nature. Rites of passage describe the ritualistic processes which an individual must experience in passing through social boundaries associated with work. The transitions may include passage across cultural or social status boundaries and are associated with progression through a career (Mayrhofer and Iellatchitch 2004). Van Gennep’s framework allows for three stages of transition; rites de separation where letting go of the old position occurs; rites de marge, where the individual is in a state of limbo, neither in the previous position but not yet in the new one; and rites d'agregation where adjustment to the new position takes place.

While Mayrhofer and Iellatchitch (2004) suggest that this process is often applied to traditional professional careers, the author of this thesis suggests that this also has a resonance for the transition of nurses from student to qualified nurse. The ritualistic actions which were associated with qualification, the giving of different coloured belts for example, could be said to be a way of lessening reality shock as these actions provide concrete demonstrations of change which are predictable and lessen uncertainty. Also this category would include the certainty of employment that was often the case for students on a traditional career path, as an example six months medicine and six months surgery to start with, which was the accepted norm in career development. The changes in healthcare provision may cause uncertainty for students qualifying and may mean that traditional rites of passage transition may no longer provide the necessary structure.

An important career goal for entry into the world of employment from education is the management of transition from student to qualified nurse. Within the wider career literature, Louis (1980) found that while assistance in learning basic job activities is routinely offered through career development, similar assistance in accomplishing other transition tasks, in learning ‘the system,’ is lacking. Within nursing, the knowledge and skills framework (DH 2004) may assist in this. Louis (1980) suggests that the application of a career transition component to career progression adds an appreciation of:

1. The characteristics of “typical” transition experiences
2. Individual differences in “ideal” transitions
3. Features to consider when analyzing transition situations
4. Essential tasks newcomers must accomplish to complete a transition

Louis (1980) states that the newcomer who is aware of these issues can better set priorities, seek and organise information, understand his or her own experience, and otherwise manage the process of “getting up to speed” or “learning the ropes.” With such a framework, the supervisor can help facilitate the effective and efficient transition of newcomers and develop them into productive members of the organisation. Inclusion of a transition management perspective within career development could also help overcome some of the limitations in current career-

development. Explicitly incorporating transition management into career-development activities in nursing could shift the focus from the future to the present, and from “career” to the job at hand, and help bridge the gap between organisational and individual issues.

3.3 Influences on choice of first post

In order to address career guidance needs, it is necessary first to understand not only the factors that may influence destination of student nurses after qualification, but also the weighting placed on these factors by students themselves. These factors need to be investigated at the time that career decisions are being made. A particularly difficult and important career choice is that of the speciality and location of first post. As has been mentioned previously, this does not form an explicit part of any career development model, and it is unclear what the influences are on this decision, consideration of the influences upon this choice is the focus of this study. Lauder and Cuthbertson (1998) suggest that there are two components to the influences on choice of career pathway, namely that nursing does not exist in isolation and that both internal sources (nursing) and external (life events) influence choice.

3.3.1 Deciding to stay in nursing

Students must first decide whether they intend to practice in nursing at all. As this is the necessary first stage in the choice of first post, Barron and West (2005) undertook a transition analysis on data from the British Household Panel Survey between 1991 and 2001 to examine those leaving a nursing career. They concluded that factors such as perceived status, rewards and prospects, academic standards and morale may all be influential factors in this decision. Personal reasons such as having dependants were also identified as potential reasons for leaving nursing (Other personal factors could include the age or personal financial circumstances of the student). At present the availability and location of jobs is an important external influence. In a predominantly female profession, family friendly policies are important in retention (Davey *et al* 2005) and this factor may also be relevant to those who choose to work after qualification.

3.3.2 Clinical placements

The influence of clinical placements has long been acknowledged as a factor in the choice of the first job of students (White 1999). Happell and Rushworth (2000) undertook a questionnaire survey of 114 undergraduate nurses to examine what influenced the popularity of psychiatric nursing and clinical placement were seen as important. Pearcey and Elliot (2004) undertook a focus group with 14 third and fourth year undergraduates, which also found clinical placement experience to be important. A positive clinical experience may therefore encourage the student to consider a specific practice area for their first position. Students' perceptions of the desirability of various client groups for speciality of first job are also relevant. For example, care of the older adult is often held to be unsuitable for a first job (Ford and McCormack 2000). Kloster *et al* (2007) consider this to be the effect of clinical experience and the perceived lack of professional challenges in this area of nursing. The influence of perceptions such as this would need to be considered by those providing career development advice. Happell and Rushworth's (2000) study also highlighted the use of problem-based learning as a factor in promoting a more positive attitude to a clinical placement and although their study focussed on psychiatric nursing, it is suggested that this may be relevant in other areas. This would seem to suggest that the educational preparation for clinical placement might also be an influential factor in choice.

3.3.3 The course experience as a whole

The effects of the programme of study on choice of speciality have already been mentioned. Vanhanan and Janhonen (2000), however, in a Finish study examined these aspects from a different perspective. They conducted in-depth interviews with 19 students about the changes in values, perceptions and expectations occurring during the education programme and found that these were influenced in two different ways. The first was by socialisation into the academic world and the second by the socialisation into the practice world. In a much larger study, Kloster *et al* (2007) surveyed 473 students about their career preferences at the beginning and the end of their course. This Norwegian study found that clinical experiences and

professional challenges were the key influences on choice that were important in the experience of the course of a whole.

3.3.4 Experiences prior to entry

One of the aspects that has not yet been explored in the thesis, is the possibility of career patterns being predetermined before entry into nursing in the first place. Wiesner *et al* (2003) suggest that individual and contextual factors in childhood and adolescence contribute to the choice of career pathways. In their prospective study, four career pathway groups were identified in 202 at-risk men (23–24 years of age) namely: young men with long-term unemployment; short-term unemployment; full employment; or a college education. Measures of educational attainment, family and peer characteristics, and personal adjustment during childhood and adolescence were used to determine if they would predict early adult career pathways. The findings indicated that the long-term unemployed young men, overall, showed the poorest levels of educational attainment, family and peer characteristics, and personal adjustment during childhood and adolescence. The most important predictors of differing career pathways were educational attainment, police arrests, and mental health problems. Because of the particular requirements set by individual universities, the host trusts and the Nursing and Midwifery Council regarding educational requirements and criminal and health status, it is not clear how applicable this is to UK nursing. While these findings are from the US, it is suggested that some may also be applicable to this country however. That the aspect of experience prior to entry needs to be considered is supported by the need to review the recruitment of student nurses due to the changing demographic profile of the UK. In this case, recruitment from outside what has been traditional recruiting base for nursing needs to be undertaken. (Demographic issues are addressed in the next section of this chapter). If this is the case then more information on the possible factors influencing career pathways is needed and this study adds to knowledge in this important area.

3.3.5 Demographic influences

The demographic profile of individuals may play a part in career making decisions. Hurley *et al* (2002) review the literature on mobility in internal labor markets (ILMs) revealing a paucity of studies examining the promotion patterns of late entrants into internal promotion systems. As has already been indicated, the “traditional” nursing student recruited at age 18, has to an extent been replaced by numbers of more mature applicants who are arriving at nursing later in life for a variety of reasons. Hurley *et al* (2002) found late entry in employment negatively related to managerial career attainment, while being female was also negatively related to career attainment. Greller and Simpson (1999) see the necessity for extended careers in the light of changing demography with a reduction in the number of “younger” workers.

Bhagat (1999) comments on the fact that little theory exists about the trajectory of immigrants in general in terms of career, but suggests that those who integrate and assume the dominant culture achieve greater career success. He also comments upon the fact that immigrants may move towards less desirable career choices, possibly as a result of racism or as a result of wanting to work with others of the same culture already working in that area. This study was undertaken in the US and how far it can be translated to the UK situation is debatable as the concept of career and motivations and influences behind choice may not remain the same internationally. Demands, opportunities and constraints that comprise what he defined as “acculturation stress” may be similar. Bhagat observes that this may be a major influencing factor in career choice among immigrants. The study does not of course address the influences on second or third generation individuals from ethnic minorities as it concentrated on new immigrants who may not be those people who enter nurse training because of residency requirements. Within nursing, there is a lack of evidence as to whether nursing students from ethnic minorities gravitate towards less valued specialities in choice of their first post. This will be a feature of the study, as guidance in this area could be potentially important.

3.3.6 Attractions of nursing

Wilson and Mitchell (1999) outline a careers guidance innovation that was designed to attract students into nursing. The work examined the factors that were deemed important influences in attracting nurses into education. These factors were:

- Job opportunities
- Helping others
- Family influences
- Previous work experience
- Previous illness
- Socialisation

It is interesting to speculate how important these aspects may be to student nurses as well as to those entering nursing for the first time. These areas will, therefore, form part of the study, as they may be factors in choice of first post.

3.3.7 Links with other healthcare professions

An important issue in choosing nursing is the knowledge of it that students have before commencing the course. Despite the view that television representations of nursing are at best limited, Greenwood and Bithell (2005) in a study of the lack of ethnic minority representation in physiotherapy, found that, nursing along with medicine, is better understood by ethnic minority groups. In a quantitative questionnaire-based study with supplementary follow-up interviews, they found that nearly one in six participants said that they knew nothing about physiotherapy, and males were significantly less familiar with it than females. Medicine and nursing were much better known. This knowledge of what nursing actually entails may also influence on the intention to practise after qualification. These findings are broadly similar when considering career choice influences within occupational therapy (Greenwood *et al* 2005). How much these same factors influence choice of first post in nursing is unclear.

As regards career choice within medicine, Goldacre and Lambert (2000) sent structured postal questionnaires with structured questions to doctors who had been qualified for three years. Overall, 74% of respondents retained their year first career choice in year three (78% for men, 70% for women). Of doctors who chose a hospital specialty in year one, 71% chose the same specialty in year three, 18% had switched choice to another hospital specialty, and 9% had switched choice to general practice. Even by year three, more than half of all doctors did not yet regard their choice of eventual career as definite. It is unclear whether in this group at least the choice of first post indicated a long-lasting career choice. The possibility exists that this also applies to nursing and consideration of this will be included in the present study.

3.4 Career planning during the course

In the United States, attempts have been made to address the needs of nurses nearing qualification for career guidance and the role of nurse educators as career development agents has been noted. Kirkpatrick and Koldjeski (1997) describe a programme running in the United States, which seeks to appraise students of opportunities for their future career. This programme, interestingly sponsored by a pharmaceutical company, comprised of a briefing pack on career, a student workbook that includes the listing of critical factors for them in the development of their career and thirdly the mapping of these against a speciality workbook outlining various characteristics of different specialities. The advantage of this system is claimed to be the provision of a systematic review of career planning. They argue it will facilitate long-term planning as it can be repeated at different stages in the nurse's career. Like any such programme however it has some disadvantages: It is not widely available and is time intensive. One critical factor that students may identify as being important to them in their career is continuity of care as a factor in choice. The programme's main disadvantage lies in the fact that it depends upon the skill and knowledge of nurse educators in mentoring career planning. As Kirkpatrick and Koldjeski (1997) suggest, this has not necessarily been seen as a role for educators in the past.

3.5 Relevance of career planning models to first post

If career-planning using existing models (described in Chapter 2.8) are to be applied to choice of first post then their relevance needs to be considered. Galassi *et al* (1992) reported on a questionnaire survey of 92 university students and outlined the effects of client preferences in career development interviews. These authors observe that there is a mismatch between what is expected from career guidance and what is actually offered. Bearing in mind the fact that this uncertainty in what constitutes career guidance is not confined to students, then as supervisors if this uncertainty continues there will be implications for the effectiveness of staff as career developers. This would seem to suggest the importance of having a model of career planning as a framework.

The Donner and Wheeler (2004) model does not include discussion of first post in any detail. This author of this thesis suggests that not only is this a difficult decision for students to make, but that it may have an effect on how flexible the long-term goals can be. It may be that this model may need an extra stage to address this issue; alternatively, it may be that in terms of the self-assessment stage, that specific criteria and guidance may be useful to focus students on potential influences on their choice of first post. In its current form however, the model does not address the choice of first post with sufficient focus to act as a career guidance tool. This study will seek to address this issue.

As far back as 1982, it had been noted that career transitions are more concerned with long range planning and the challenges of getting a job (Reis Louis 1982). Arnold (1997) states that much development has been undertaken in this area. However, it is suggested that this development has been in the area of moving between careers or getting into and out of career pathways. Neither of these is specific enough to the situation in which student nurses find themselves when choosing a first post.

Nicholson (1990) introduces the concept that career development is a continuously transitional process and the idea that a career can enter a steady state is seen as outdated. Constantly changing individual and organisational imperatives would seem

to make this assumption an accurate one for nursing. Within the Donner and wheeler model, the entry stage into which choice of first post sits, would prepare students for issues such as changing imperatives and would support the readiness to undertake the next stage of their career.

3.6 Research on career guidance in nursing

A great deal of work has been undertaken investigating the career decisions of degree and diploma students post-qualification for example, Robinson *et al* (2001). However it is difficult to find any in-depth work undertaken with students while they are still within the pre-registration programme. There has been one study in Sweden of 301 student nurses (Rognstad *et al* 2004) but this focussed on their first year and then followed them up after two and a half years. This Swedish study focused on where students chose to work rather than exploring why they chose to do so. In terms of the different educational preparation and potential socialisation, the two systems in Sweden and in the UK, may make its application problematic.

Detailed reviews of research into career guidance in nursing have been undertaken (Marsland, 1996, 1998; Robinson and Murrells, 1998). Marsland (1996), in the first major study, undertook a cohort study of 1015 student nurses qualifying in 1990/91 and found that career guidance lacking in some areas of nursing education. However, she suggested that sessions on for example filling in application forms are often provided under the auspices of term such as “professional development”. Because of the lack of a shared understanding as to what comprises career guidance, it may be the case that career guidance occurs but is not seen as such. When Marsland (1996) demonstrated an unmet need for guidance during nurse education, the findings emerged from the first phase of a longitudinal study of the careers of a cohort of Registered General Nurses (RGNs) who qualified in 1990/1991. It is suggested, however, that the findings remain relevant today. Marsland (2004) states that division of the curriculum into different branches, (adult, mental health, child and learning disability) and into differing educational preparation routes, (diploma and degree), increases the need for career guidance. She postulates that this is partly due to the wide range of experiences undertaken during the Common Foundation Programme.

It is of note, that while this study focuses on students undertaking the adult branch of pre registration nursing, similar findings appear for other branches. Robinson and Murrells (1998), in a survey of 556 newly qualified nurses from the mental health branch, found an unmet need for career guidance with little received and more desired by the students. These findings were echoed by Cox *et al* (2003) for child branch students and by Marsland (2001) for those who followed the learning disability branch.

In a study published in 2007, Robinson and Bennett found that, in addition to other findings, successful implementation of career development policies depended on circumstances in individual Trusts and were often the first casualty of local service re-organizations and financial crises. Although this study focused on nurses a number of years after qualification, it is suggested that this view of the need for career guidance still prevails in nursing as a whole. This is despite the fact that nurses' careers are high on the policy agenda with the publication in 2006 of the Department of Health's document 'Modernising Nursing Careers: setting the direction' (DH 2006). The fact that career development is often neglected is supported by the development of the Donner and Wheeler model already described, it is suggested, however, that some assumptions within it that need addressing if it is to be used specifically in the choice of first post. Firstly, the self-appraisal which is an integral stage of the model, is an advanced skill. It may be able to be used as a stand-alone for highly self-motivated nurses, but for many, additional support would be needed since the ability to pull this all together alone would be a huge undertaking. Many nurses may lack the self-awareness and initiative to master this task alone. This view has been put forward in a publication aimed specifically at career planning for students (Waddell *et al* 2004).

The responsibility for career guidance within nursing has long been seen as the responsibility of educators. (Donner and Wheeler 2004). This view is supported by Marsland (1994) who undertook interviews with six staff identified as part of an exploratory study on views of career development. The main finding of the study was a lack of clarity about what constituted career guidance.

Warriner and Walker (1996) conducted a study into the factors influencing new physiotherapy graduates when choosing their first post. Questionnaires were sent to all 108 final-year students from the five schools in northeast England. The overall response rate was 72%. The factors of major influence on job choice were attitudes of potential superiors, in-service training, attitudes of potential colleagues and post-registration resources. A high degree of concordance was shown between respondents. This study may serve to highlight some of the current recruitment issues in physiotherapy, which are mirrored within nursing. The study highlighted the importance of information as a source of career guidance. The Warriner and Walker (1996) study, focuses like many others on how to recruit students to an organisation. Clearly, both recruiting organisations and applicants wish to appear attractive to one another. In a time of scarce new posts, the onus needs to be on students making themselves more attractive to employers.

As can be seen from the literature, while career development theory is well developed, its application to nursing is problematic. Influences on choice of career in nursing do not always match those for undertaking careers in a wider context and the individuals concerned may be different. The literature to date would suggest that career guidance is not yet an integral part of nursing curricula and this is a serious omission. One of the aims of this study is to ascertain if this deficit remains. While the Donner and Wheeler model attempts to provide a framework for career development, its application to first post is tangential.

3.7 Summary

This chapter has reviewed the transition of students to first post and some of the potential influences on first post choice within that process. It has also reviewed the literature regarding career guidance within the present pre-registration curriculum. The literature as a whole indicates that the concept of career is changing and along with it the need to support employees in making choices about career pathways. Nursing, however, does not seem to have put in place a systematic approach to facilitate these choices. The Donner and Wheeler model would seem to be a useful starting point but is not explicit regarding career intentions and specifically on choice of first post. The review also shows that a multitude of factors may influence

choices made at this stage of a nurses' career but their respective import is unclear. If these influences are not considered when providing support for career guidance then it is unlikely to be effective. The thesis will therefore examine what influences the choice of first post among a group of final year undergraduates with the aim of integrating consideration of these factors within the Donner and Wheeler model.

The research that has taken place within the field of career guidance has been undertaken at different points within career progression. None of it has been aimed at the specific transition that takes place when choosing a first post. The instruments that have been used, while a useful starting point, do not specifically address the influences at this point in a nurses' career. In addition, they were devised in some cases 10 years ago and therefore may not include factors that are current at this point in time. A specific instrument was, therefore, needed to capture the data in relation to this study. The process of developing the instrument will be described in Chapter 5, while Chapter 4 will outline the study design and the study sites.

Chapter 4: Research design and methods

4.1 Introduction

This chapter focuses on the design of the study and the methods used. Section 4.1 describes how a conceptual framework influenced the development of the study. In Section 4.2, the choice of design is discussed and in Section 4.3 the research sites and access to them along with potential ethical issues are discussed. Details of the sample are provided in Section 4.4.

The overall purpose of the study, which was a key driver in decisions about the design, was the development of a model of career planning and development built upon the Donner and Wheeler model (Donner and Wheeler 2004). The study aims were:

- 1 To explore how the concept of career is perceived by student nurses in their final year of training.
- 2 To explore the following influences on choice of first staff nurse post: personal factors such as age; professional factors such as previous clinical placements; and the perceived status of different nursing specialities.
- 3 To explore how models of career development and management may be applicable to the choice of first staff nurse post.
- 4 To explore student nurses' perceptions of whether they or their university or employing organisation have, or should have, the main role in career planning.
- 5 To explore the perceived importance of the choice of first post in longer term career planning.

4.2 Conceptual framework

A conceptual framework is used in research to outline possible courses of action in terms of research approaches or to present a preferred approach to a system analysis project (Botha 1989). The framework is built from a set of concepts linked to a planned or existing system of methods, behaviours, functions, relationships, and objects. It is a guide to the development and consideration of the study as a whole. As has been stated in Chapter 1, the development of the framework has been a process that both guided the literature review in that personal perspectives gained following experience in the role of lecturer suggested areas that would be relevant to consider, and in turn has guided further consideration of the literature and now feeds into the development of the framework. The literature showed a multiple layered set of influences on choices within career generally and the complexity of workforce planning within nursing specifically. This broad area of academic and professional knowledge of career would constitute what Brown and Dowling (1998) called a theoretical field in which to place the research and it is this which has influenced the study's conceptual framework (see Figure 4.1)

The literature review for this study has drawn draws upon two distinct areas, namely nursing education and practice and that of career theory. Influences upon choice of first post pass first through a series of values, beliefs and imperatives, such as financial concerns, at a national or “macro” level. This level is “set” in terms of students in that while they respond to the influences after they have been filtered at that level, they cannot change the political, social or economic factors that will influence them. The literature surrounding the changes in contracting nursing education, the review of healthcare provision comprising the “Darzi” review and “*Agenda for change*” and “*Modernising nursing career*” reviews addressed in Chapter 1 informed the importance of this level of influence.

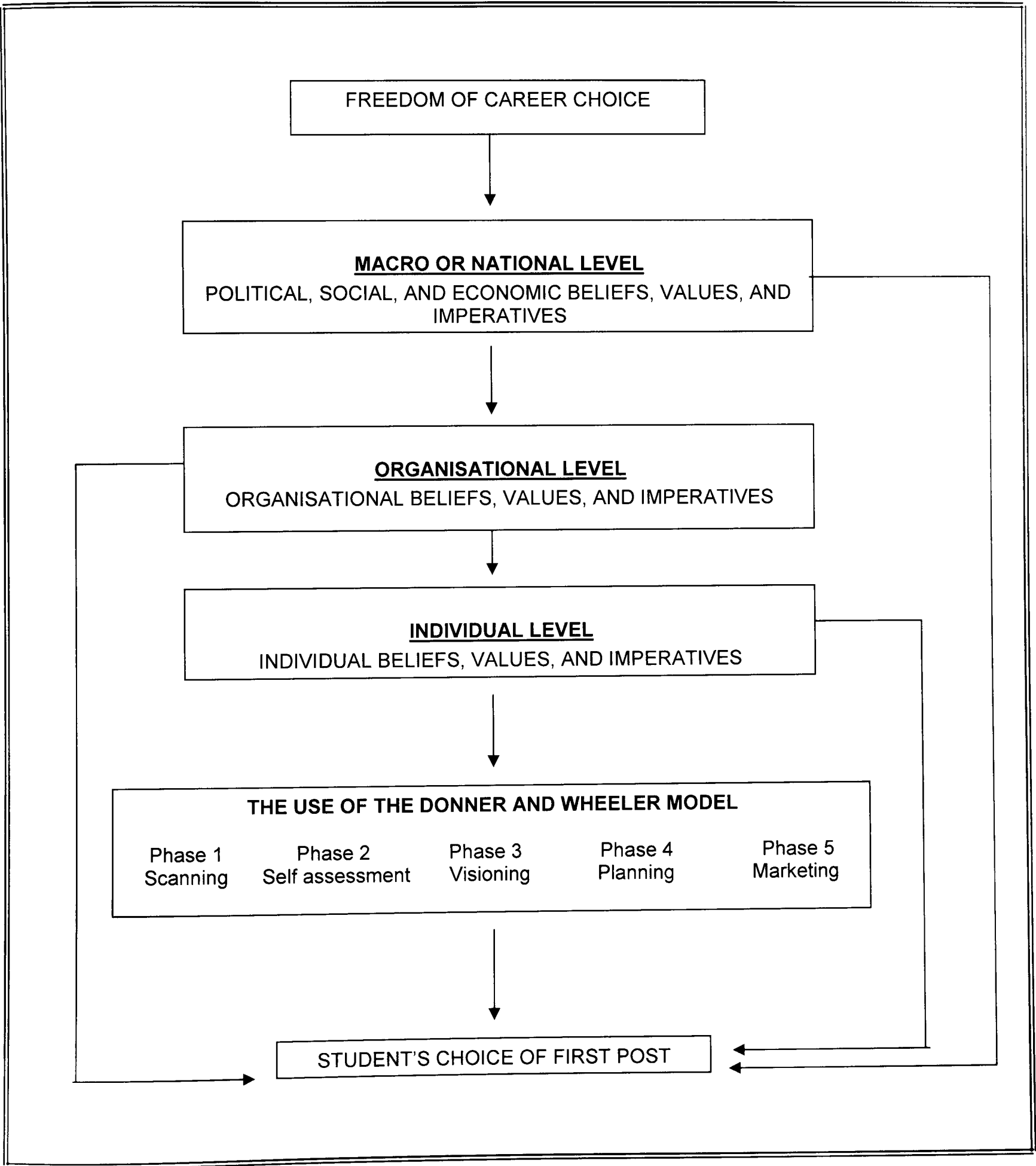
Secondly, there are influences at the organisational level. This level is defined in this study as the employing organisation, be it a Foundation trust or a not for profit organisation. This level responds to the influences after they have been influenced by the macro level. A student again has to respond to the influences after their adaptation at this level and again has little or no influence on changing them. The

work of Schein (2004) and Hughes (1958) quoted in Section 2.3 are examples of how the literature relates to this level of influence. In addition, the changes in career development relationships considered in Section 2.7, illustrate how the role and organisations influence the development of career. In terms of other factors, within Chapter 3, the students exposure to clinical areas within the organisations and career development advice provided to them are areas that may be considered as having both organisational and individual influences.

After passing through those layers, the final layer is that of the individual. The individual's values, beliefs and imperatives will influence how she or he responds to the concepts that have been filtered by the previous two layers. In Chapter 2.4, a number of potential individual factors that may influence career have been described. These include age, gender and ethnicity. In addition the concept of subjective career has been reviewed in Chapter 2.5. The role of what might be termed "personal happiness" in career choice has been under researched. In this framework this concept has been applied to the effects that morale may have on career choice.

The framework has guided the development of the questionnaire used within the study. Organisational influences such as experiences within clinical practice and experience of career guidance, along with individual influences such as age, gender and ethnicity as well as morale and personal preference have been included. By examining these and the influences upon them, along with demographic factors, a more accurate scan of the environment can be made and fed back into appropriate stages of the Donner and Wheeler Model. The conceptual framework is show as Figure 4.1,

Figure 4.1 The conceptual framework – Levels of influences



The framework is linear, with the choice of first post being made at the end of the filtering process. The decision is seen in that context as, although there is free will in terms of what to choose for a first post, this choice can only be made within the context defined by the decisions made at the levels above. For example, if an organisation decided not to employ newly qualified staff in the service then that choice is not available to the student.

The individual's choice of first post is made after having been "filtered" through several layers of influences as outlined in Figure 4.1. These levels shape the decision before the individual adapts to and utilises them in making a choice as to the first post chosen after qualification. Different phases of the Donner and Wheeler model may be affected by the influences from the different levels; this will be explored in Chapter 10.6. It is particularly important for the self assessment that takes place in phase 2 of the model, that the extent of these influences is accurately mapped. The conceptual framework allows for the career choice to be "processed" by the model after the "filtering" has occurred. This use of the model after the "filtering" process, is more realistic as it reinforces the fact that a student is not really free to consider any position, as in reality the choice is constrained by decisions made at different levels of influence.

The Donner and Wheeler (2004) model of career planning and development allows for the operationalisation of the conceptual framework to meet the study aims. It is a key aim of this study to increase the utility of this model for choice of first post and the choice of first post provides what Brown and Dowling (1998) called the empirical field for the study. i.e. the area of general practice or activity about which claims will be made. The Donner and Wheeler model is designed to enable career choice and planning by application of its five stages.

4.3 Research design

The study comprises a questionnaire survey of third year cohorts of students at three higher education institutions offering undergraduate pre-registration education in the original South East London Workforce Development confederation (SELWDC). A questionnaire survey was chosen as it provides an easy method of gathering clear

quantifiable data from a large number of individuals (Bowling 2002). The study aims suggested that a wide range of individuals from different sites with a range of experiences would be useful to provide data about first post. A disadvantage of a structured questionnaire is said to be the possibility of pre-coded responses meaning different things to different individuals (Fisk 2003). For this reason extensive development and piloting work was undertaken to create a new instrument, (described in Chapter 5).

A survey is a method of collecting information usually by personal interviews or postal or other self-administered questionnaires (Bowling 2002). This method was chosen as it fitted with the proposed aims of the study and to enable a description of the population of interest in order to facilitate examination of the data for statistical probabilities inferring estimates of association (Bowling 2002). A questionnaire was deemed the most appropriate data collection instrument and conforms to accepted survey methodology (Foddy 1993).

The initial intention was to undertake a questionnaire survey using existing instruments and then to undertake interviews to explore particular topics in more depth. However, as has been stated there were no suitable instruments available. The decision was made to develop an instrument with the recognition that this would require extensive piloting, and this would not therefore allow time for a subsequent interview phase. However, a properly designed questionnaire with questions which are well tested can extract the types of data needed within this type of study (Bradburn *et al* 2004).

The content of the questionnaire was informed by the study aims and the literature review which indicated that the instrument would need to include questions on biographical profile; perceptions of career generally; nursing in particular; on choice of first post; factors students perceive as influencing this choice; their experience of, and views about, guidance available in assisting this choice. The analysis of these variables would provide descriptive data and an opportunity to investigate associations between them, for example, whether certain groups of students (e.g. men versus women, mature students versus those in younger age-groups) opt for

certain specialties or perceive certain factors as particularly influential on first choice of post.

4.4 Research sites

The three higher education institutions recruited to the study provide the educational preparation for the majority of nurses for South East London. Although there is and always has been movement away from local areas after qualification in this locality, there is a focus on providing a representative workforce in terms of ethnicity for the NHS in this area. The aim is for a similar mix of staff ethnicity as within the local population. The local needs though, are complicated by local demographics. One geographical area, (Lambeth and Southwark) has in fact a lower percentage of older people than Greater London as a whole (11.2% as against 12.8%, London Research Centre 2004). In the same document however, the percentage of people from ethnic minorities was seen to be higher than the Greater London average, (31.7% as against 24.9%). Local issues make recruiting a student body representative of the local community challenging.

4.4.1 Site description

All three study sites had intakes of both Diploma and Degree students, all undertaking a three year pre-registration programme, following the requirements of the Nursing and Midwifery Council regulations for registration. A change that took place during the study was the demise of the South East London Workforce Development Confederation (SELWDC), its function becoming a pan-London responsibility. It was felt that this made no difference to the study since it did not affect the organisation and functioning of the three institutions within the study.

The study sites comprised three higher education institutions. Site A was located within a Russell Group university which had a long established academic tradition. It had one intake of students per year and drew students from a national recruitment pool. Sites B and C were similar in that they were situated within post-1994 universities which both had a history of professional education. Site B had a long history of nurse education within the university before 1994 but differed from site A

in that it saw itself as primarily providing education for local people and particularly for those not traditionally accessing higher education. Site A had a central London location and contracted mainly but not exclusively with major teaching hospitals and local Primary Care Trusts. Sites B and C were located in outer London boroughs and contracted with local NHS trusts running district general hospitals and local primary care trusts.

The sites therefore, provided a mix of provision comprising both pre and post 1994 universities, contracted with a large number of varying NHS trusts, and together encompassed a diversity of respondents. Although they all followed the same guidelines for registration, their curricula may have varied in terms of career guidance and their interaction with their contracting trusts.

4.4.2 Gaining access

Access was obtained via a named person at each site who was the programme leader or equivalent. Although it was obviously easier to access students at the researcher's own site, there were no problems with any site which materially affected the progress of the study. However, in terms of the ethical approval process it is of note that this process does not always seem to encourage research. At one institution (Site B), the Head of School stated that they were able to grant access to the school for the proposed research and that referral to the ethics committee was not necessary. However, when meeting with staff at that university to arrange access to students for piloting work, it subsequently became apparent that this was not the case and another copy of the form was submitted to the appropriate contact at the university. This obviously delayed the piloting work at that site. The third institution (Site C), unlike Site B, wanted their own form completed and would not accept one from another university despite a very large degree of commonality between the different ethical application forms.

4.4.3 Obtaining ethical approval

The researcher worked at one of the three sites and had previously worked at another. There were a number of ethical issues considered as part of the approval process. These were connected with:

- Researching at place of employment with students who may know the researcher
- Issues of confidentiality of both students and university site
- Issues of anonymity of students

These were addressed by the fact that the role of the researcher within Site A meant his main contact with this group would occur after the data collection. In addition, because of the length of time the researcher had been in post and his role within the institution there had been little previous contact with the cohort. The researcher had two personal students within the cohort who did not take part. All questionnaires could be identified in terms of university site and cohort but not by individual student. The university site is not identified within the study. The ethics committees described the various data protection requirements according to data protection law and research governance including the security and storage condition of data which were followed.

In terms of Site A, where the researcher is employed, the original approval form was rejected for a number of reasons. These break down into two categories.

- a) Ethical issues of protecting the subjects of the research
- b) Clarification of points in relation to operationalisation of the research.

In the first category, the points related to consent forms, anonymity of data and confidentiality. In terms of the second category, the points related to contact details, access to the final report, sample selection and the need to erase/alter certain sections of the generic approval form. The changes were actioned within a few days and an amended form supplied. This was also rejected. However, this was due only to an omission of a contact number on the information sheet and a repeat request to

consider a separate information sheet for the proposed interview phase of the study was no longer deemed necessary. Following this re-submission, full approval was given.

At site B, because of the difficulties in access described in 4.2.2 the revised form was presented to the appropriate ethics committee and approval was given subject to the development of the questionnaire which was subsequently submitted, as requested, to the programme leader for approval rather than needing to be referred back to the ethics committee. Similarly at Site C the revised form was used as the basis for completion of their form and approval was subsequently given. The letters giving ethical approval are included as Appendix 1.

4.5 Selecting the sample

The sample for the study was drawn from third year undergraduates i.e. those in their final year of training. Although choice of first post may be considered at any stage of training, the third year was chosen as the students were more likely to be exposed to influences as part of their education and a more active consideration of the career decision is more likely to be made the nearer the students come to course completion. Nursing and midwifery admissions (NMAS 2004) service data were consulted to ascertain how representative the sample was of the population in terms of age, gender and ethnicity. This will be considered in Chapter 5.

Site A had one intake each year in September. The other sites had two intakes per year, March and September or May and September. This meant that two different cohorts of students took part in the study. Obviously for those sites one cohort would be early in their final year while for others they would be nearing the end. The potential differences within these groups was considered but it was decided to include all third year students at all sites as this would ensure a more equal distribution of the population and therefore the resulting sample. In addition, potential differences would themselves be a possible finding.

4.6 Data collection

The main questionnaire distribution was undertaken over a period of several months. This was necessary in order to access the students who were in university at different time periods. At site A it was possible to access all the students in one session and the questionnaires were collected from a box at the back of the room when students left the session. A box was provided in a central location to which the students returned the questionnaire when completed. For students who were not present, an email was sent to them inviting their participation since this was the chosen method of communication within the institution.

At site B the same process was possible for one cohort. For the other cohort this was not possible as they were not in the university during the period of data collection. In view of this, the questionnaire was posted to their home addresses. This was done by the institution so no access to the addresses was possible for the researcher. A stamped addressed envelope was enclosed to return the questionnaire. Unfortunately the researcher had no control over the posting and it became apparent from some of the demographic responses (age of respondent) that the questionnaire had been sent in error to the wrong cohort (second year student nurses). The questionnaire was resent to the correct cohort and the second year questionnaires were destroyed.

In view of the low response rate, a message was posted on the college web board for the students inviting participation, and as this did not result in an increase in response rate the questionnaire was resent to their home addresses again. It is of note that this cohort was the one with the lowest individual cohort's response rate (40%). At site C a similar procedure was followed as in site A with the difference that two visits were necessary to capture two cohorts. A web board message was posted inviting students not present to participate.

4.7 Response rate

The detailed profile of responders in terms of programme and demographic factors is given in the next chapter of the thesis. The total number of eligible students able to

take part in the study was 492. This comprised all third year undergraduate students at the Higher Education Institutions (HEI). These students were either following the Diploma or Degree route to registration, 284 chose to return the questionnaire. (Response rate 58%)

Table 4.1 Response rates

Site	Number eligible	Number responded	Percentage %
A	192	111	58
B	183	91	50
C	117	82	70
Total	492	284	58

The response meant that there was some variation between the HEIs in terms of the make up of the final sample.

Table 4.2 Constitution of the final sample

Site	Number	Percentage of sample from each HEI %
A	111	39
B	91	32
C	82	30
Total	284	100

There were differences in response rates from the different cohorts in those sites that had more than one intake of students per year. This is indicated in Table 4.3

Table 4.3 Responses from different cohorts

Site and cohort	Number	Percentage %
A Sept 04	111	58
B Sept 04	44	40
B March 05	47	59
C Sept 04	24	65
C May 05	58	72
Total	284	100

These differences are mainly explained by the differences in data questionnaire retrieval methods outlined earlier in this chapter. There were only 19 male responders to the questionnaire (6.8%). This is smaller than the percentage of males within the population and meant that statistical analysis of the data relating to gender was not possible. The response rate from the degree programme was generally consistent with that of the diploma. One cohort at site B (May 05), however, had a response rate of 83% for the degree course and 23% for the diploma. This is not explained by the method of data collection described in Chapter 4.5.

4.8 Data analysis

The first level of data analysis was by using descriptive statistics such as counts and percentages to describe the data. The data were then entered into the SPSS statistical package. After a coding frame was constructed all data were entered into the package. The data have been presented using both counts and frequency to illustrate the relevant findings. Data were tested for possible statistically significant associations with a number of variables which the literature review had indicated may be possible influences on choice of first post. These were educational programme, university site and experience of career guidance. In addition, other demographic factors such as ethnicity, age and previous experience of work were also examined in relation to data collected. These tests were performed in SPSS by using its Chi Square statistic function. This is seen as an effective test to look at the probability of observations occurring in a data set (Hinton et al 2004). A P value of less than $p < 0.05$ was deemed significant. Where multiple associations were suspected a third column was added to provide a layered cross tabulation and Chi square test. Where individual numbers of respondents were too small for the use of accurate Chi Square calculations, the cells were amalgamated. The only example of this of relevance to the findings was that of ethnicity where there were very small numbers of respondents from all except the White origin and Black origin responses. All non white students were amalgamated as under the “BME” classification. Only where statistically significant associations were found are the data presented in the thesis. The next chapter will look in detail at the development of the tool used for the study including its piloting.

Chapter 5: Development of the instrument and piloting

5.1 Introduction

This chapter describes the development of the instrument used within this study. It considers both the formulation of the questions and the subsequent testing of the resulting questionnaire. Following this chapter the findings from the study will be presented in Chapters 6, 7, 8 and 9.

The literature review did not reveal an existing instrument that could be used to undertake this study. Questionnaires used in other studies had included some items that were relevant, specifically those on demographic variables and experience of career guidance. However it was decided to design a specific instrument for this study as it sought to investigate new areas related to the influences on choice of career and first post. The concept of both reliability and validity were therefore considered as applied to this new instrument.

5.2 Reliability and validity

Reliability can be viewed as being 'repeatability' or 'consistency' (Bowling 2002). It can be subdivided into different forms:

- Inter-rater: Different people, same test.
- Test-retest: Same people, different times.
- Parallel-forms: Different people, same time, different test.
- Internal consistency: Different questions, same construct.

In relation to the questionnaire, consideration was paid to all of these forms of reliability and for the possibility of statistically testing the reliability of the instrument.

Inter-rater reliability can be seen as when multiple people are giving assessments of some kind or are the subjects of some test, and then similar people should lead to the same resulting scores. It can be therefore used to calibrate individuals, for example those being used as observers in an experiment. In the questionnaire designed for this study this form of reliability was not therefore relevant. Similarly, the questionnaire was designed to capture the perceptions of students at the stage of decision making they were at, at the point of the study. There was no assumption that this would be a steady state and may well alter at different stages. Due to the difficulties involved in retesting students at a later stage of the programme, or after qualification, again this form of reliability was not one that was a priority in questionnaire testing. This factor along with the data being mainly ordinal not nominal precluded the use of tests such as Cohens' Kappa (Cohen 1960)

In relation to parallel form reliability, for reasons outlined in Chapter 4.3, a questionnaire was deemed the most appropriate method of data collection so no other instrument was required to be considered in relation to its reliability.

Internal consistency means that when asking questions in research, the purpose is to assess the response against a given construct or idea. Different questions that test the same construct should give consistent results. This can be further broken down into: Average inter-item correlation, that compares correlations between all pairs of questions that test the same construct by calculating the mean of all paired correlations. Average item total correlation, which takes the average inter-item correlations and calculates a total score for each item, then averages these and split-half correlation that divides items that measure the same construct into two tests, which are applied to the same group of people, then calculates the correlation between the two total scores.

Within the questionnaire, there are instances where a similar concept, such a career guidance are addressed by different questions. They were not designed however to give similar answers as they addressed the concepts in ways that require a different conceptualisation of them from respondents. For example, when considering the effectiveness of career guidance when received via a group and on an individual basis, there were no reasons to suggest that the response to these is necessarily the same.

Cronbach's alpha (Cronbach 1951) calculates an equivalent to the average of all possible split-half correlations and was considered to be a possible way in which to assess reliability. Although applied to some questions this proved not to be a useful undertaking, partly for the reasons above and due to the fact it is designed for use where a question is related to a scale of responses, such as in an attitude scale which was not the type of response that the questionnaire utilised in the majority of cases.

In terms of this study, reliability relates to the degree that the instrument is free from random error (Bowling 2002)

Internal validity relates to the degree the instrument is tested in relation to the population for which it was designed. External validity relates to the generalisability of the findings to the wider population of interest. With regard to internal validity within this study, this can be said to comprise primarily of content validity where the instrument logically and in a balanced way addresses the domain under study. In terms of external validity the ways in which the findings of the study may be applicable in other Universities is specifically addressed in Chapter 11.4.

There are a number of threats to both reliability and validity. These may include design bias where faulty design of instruments may bias response, measurement decay where changes in the measurement process occur over time and non response bias where large number of non responses influences the data. In order to prevent these from occurring, according to Bowling (2002) there are a number of key issues that must be addressed in questionnaire design. These include:

- Planning
- Piloting
- Questionnaire layout
- Question type and ordering
- Response formats
- Covering letter.

A three-stage approach was taken to developing the questionnaire which addressed the issues described by Bowling. Because the questionnaire was the only data collection instrument to be used, considerable time was spent ensuring its reliability and validity.

5.3 Structure of the questionnaire

The questions within the questionnaire relate to:

1. The profile of the responders in terms of programme of study and university site along with their demographic profile,
2. The concept of career held by the respondent and their career directions, intentions and influences,
3. The intended first post after qualification and the influences on that choice, the amount of consideration given to the choice and its relation to choice of first speciality and
4. Their views on career development and the experience of career guidance experienced by respondents.

The questionnaire itself is not divided into those subheadings, as the completion of several distinct sections may create a perception of a questionnaire that seems too long which may influence individual completion of the questionnaire and overall response rate (Bowling 2002). All of these areas relate to potential influences that need to be considered as part of the Donner and Wheeler model and relate to all three levels of influence as outlined within the conceptual framework shown as Figure 4.1. For example question 20 within the questionnaire relates to a macro or national influence in that it looks at the influence of “society” on the experience of having a career, while question 18 looks at the organisational influences on choice of first post. The conceptual framework for the study had an aim which was to allow the author of the thesis to understand the process of decision making regarding first post. It was not designed to be of use to individual respondents in making sense of career choice therefore it was not made explicit within the questionnaire itself.

5.4 Stage 1 piloting - Developing the questionnaire

Although a number of potential influences had been identified, as part of the development of the questionnaire, four group interviews were undertaken with students nurses representative of the proposed sample, (two at site A and two at site C). In both cases the students were from the preceding cohort of the proposed sample. They were on the same programme, at a similar stage of training and had broadly similar experiences as a cohort to the proposed sample. The purpose of the interviews was to further develop the content of the questionnaire by checking out the content areas for the questionnaire already determined from the literature and to obtain qualitative data on topics that the students perceived as relevant but which had not been seen in the literature. In the initial stages, a topic guide based on the content areas was used to facilitate the discussion. The researcher invited the students to discuss the broad areas of their future career, experience of career guidance and influences on choice of first career and mapped their responses against the list. The notes from the interviews were then examined for relevant themes which, in turn, could form the basis of questions.

5.4.1 Site A- First Interview

The first interview took place at the researcher's own institution. There were a total of 14 students who were a representative group of ages, ethnic background and degree and diploma undergraduates. There was, however, only one male. The students' academic backgrounds were predominantly from the diploma group (n=11). The interview took place in a room familiar to the students. In fact the same group had met five times in the room for clinical supervision. It was made clear by e mail before the interviews that the purpose of the interview was to assist the research planned by the researcher. It was also made plain that attendance was not required. All the students who attended were aware of the purpose of the interview before they came and were happy to take part.

The venue was a committee room, which was not ideal as it was somewhat airless and the seating arrangements were around a formal table, but it was not possible to make the setting more appropriate for general discussion. It could be argued

that the venue and group being the same as previously convened for clinical supervision meant the data collected could be influenced. This appeared not to be the case. The students were already at ease with the researcher and the content of the conversation and the ground rules were explicitly different from those used in the clinical supervision meetings.

The purpose of the discussions was to review the content of a topic guide derived from the influences identified in the literature review. This would then contribute to the proposed content of a questionnaire examining influences on choice of first post. The topic guide comprised three sections: namely the concept of career; the influences on the student when choosing a first post and career guidance; and the demographic characteristics of the student and any relation these might have to choice of first post. General questions were posed to either the group or individual students and their responses mapped against the issues or concepts previously elicited from the literature. There was general agreement between the information gained from individuals and from the group discussions, so the findings are discussed together.

Concept of career

The purpose of this section of the questionnaire was to look at the concept of career. It became apparent that although students saw a nursing career as different from other careers i.e. (“more secure”, “safer”, “a career for life”), this was not their main preoccupation at this point on their programme. As a group they did not have any inclination to consider the long-term and were concerned only with completing the course and getting a job. Career planning was not something they had considered.

Career Guidance.

In terms of career guidance, around half the students felt they had received career guidance and half felt they had not. On further questioning those who felt they had career guidance were talking about sessions received recently on completing

application forms and performing at interviews. They did not state that they received any other form of career guidance in college. No student felt they had had career guidance within clinical settings. Although all students stated that they had attended a session on application forms and interviews, those who felt they had received no guidance did not see those activities as career guidance but simply as “admin”.

Influences on career choice.

Influences on career choice included past experience of the area in question; past experience of the speciality; information about the area from friends; the perceived status of high dependency area; the low status of areas such as elderly care; and the desirability of a rotation programme in getting advancement in the future. (Students did not perceive rotations as being linked to career planning as an individual or as an example of career planning within the trust). An unexpected influence was the effectiveness of the human resources department of the employing institution. An example was of a student who was making multiple applications to trusts in different specialities and the deciding factor was the effectiveness or inefficiency of the trusts in processing the applications. Another factor mentioned was whether or not the students who had travelled from their hometown to study wished to return there.

There did not seem to be any obvious issues relating to demographic factors except that some students from Africa suggested that there was in their view a cultural perspective that working in cancer services was not desirable. This was expressed in the group discussion and it was deemed inappropriate to explore this at this time. In addition, during the session when two students brought up the issue of HIV and AIDS all of the African students showed discomfort by shifting in their seats and averting their eyes from each other. The two Asian students were sisters. Although one student dominated the discussion involving them, both emphasised the effect of relatives on choice of career.

Two students in particular, although joining in the conversation, appeared visibly uncomfortable by discussing the topic of future career. When asked about this

they felt that they all had assignments to pass and talking about the future was tempting fate. All students agreed with this.

A notable feature was how all the students engaged with the discussion, which is an indication perhaps of the importance of the topic to them. The interview lasted for one and a half hours in total. The researcher was aware that this group of students may have no further contact or benefit from the study, but informal feedback indicated they felt it was a worthwhile undertaking and they wished to be kept informed of the results.

5.4.2 Site A- Second interview

This interview was different from the first in several ways. Firstly, it took place in the day room of a ward in the hospital with which the researcher links in his role as lecturer. There were eight students in total who were in the same cohort as the students in the first interview. The researcher knew only one of these students. The day room was familiar territory to the students as they used it for their breaks. All the students were using the ward as their final placement; most of them had chosen to be based on this ward. The researcher had not been on the ward before so it was the students who were more comfortable in the surroundings. The room was quite small but equipped with armchairs and the body language of the students who immediately made for their favourite spots as one observed indicated they were happy to discuss the issues about future careers. The interview was undertaken under the auspices of the link lecturer who found the proposed research of interest and spoke to the students on the ward about it. As they too found it interesting an interview was arranged.

As the researcher had had no previous opportunity to outline the research himself this was done at the outset of the interview. While all the students in the first group were female, there were two males in this second group. Only one of the students was from an ethnic minority, (Asian). This session was shorter than the first and lasted about forty minutes. This was due to the students having to return to the ward. The fact that the students were there however may give an indication of the importance that trust staff placed on the issues around careers. The visit to

the ward was originally planned to negotiate access to the students placed there at a time convenient to the ward. When the ward staff found out about the research topic area they not only allowed access immediately but also delayed handover by twenty minutes to facilitate the interview taking place.

The content of the interview itself confirmed much of what emerged from the first interview. Again some students (n=2) found discussion of the issue to be tempting fate. The relative lack of career guidance was again mentioned along with differences of opinion as to whether the interviews training and CV writing that was provided, constituted career guidance. The lack of African students meant that the issues of attitude to certain diseases could not be developed. When asked, none of the students present had heard of this from their colleagues. It is questionable, however, as to whether this would normally be disclosed to other students as it could be perceived to be unacceptable to hold negative views related to specific areas of service provision.

The wish to return to an area of the country one student regarded as home was a factor. Interestingly, the geographical area concerned had recently been the subject of a television documentary alleging bad care. The student's view was the need to return home for personal reasons was the prime influence. Other students when questioned did agree that the media have a strong influence in the type of area of nursing chosen, if not the actual geographical location itself.

5.4.3 Site C Interviews

At site C there were two group interviews with students from the same cohort undertaken on the same day. One interview was with 14 students and one with six students. The findings from these interviews were similar and so are reported together. The Interviews took place in a skills lab at the university immediately before a teaching session. For each group, their course teacher who then left introduced the researcher. The students were all female except for one mature male student. Three were African, one Asian and the rest white. Most students were involved and were happy to participate and stated they felt very anxious prior to qualifying in May.

The students felt that nursing was a career according to their definition of career. They felt though that there was a hierarchy involving a job, a career, and a profession and felt that over the last ten years nursing had moved from a career to a profession. They saw no differences between nursing and other careers such as medicine. No career guidance had been provided for the students. The students volunteered comments about responsibility for career guidance. Half felt it was a trust responsibility and half felt it was a joint responsibility between the trust and the university. They suggested that they as students, had taken responsibility for it by observing other staff. Some of the suggested influences on career were given as travelling; off duty rotas and long days; placements; and the quality of management placement.

5.4.4 Developing questions from the first stage of pilot work

Following this extensive round of discussions, a range of influences not seen within the literature were identified, for example, the influence of culture. Questions related to these, together with questions related to those influences identified within the literature were integrated into a draft questionnaire.

5.5 Stage 2 Piloting -Revising the questionnaire

This stage had two phases, discussing the draft questionnaire with a statistician and testing the revised questionnaire in face-to-face interviews.

5.5.1 Discussion with statistician

The next stage of developing the questionnaire was that a draft produced as a result of the review of the literature and the group discussions was shown to a statistician. The purpose at this stage of the process was to ascertain whether the questions asked were likely to elicit the information required and also to ascertain if the questionnaire would provide that information in a format that would be possible to analyse using the available statistical programmes, notably SPSS. This interview proved to be very useful. This was due in part to the wide expertise of

the statistician in reviewing questionnaires but also due to the statistician's experience of response rates when administering questionnaires to similar client groups. As a result of the interview the following modifications were made to the questionnaire.

- The questionnaires had several sections with titles that were thought to emphasise the length of the questionnaire therefore it was recommended that the questionnaire should simply be numbered. There is a debate in that some literature (e.g. Oppenheim 1992) seems to indicate that breaking the questionnaire into sections allows for a sense of accomplishment as each section is completed, and also makes it easier for the questionnaire to be completed on several occasions. On balance, however, the potential effect of an increased length on response rate was deemed most important.
- Some questions were simplified or were adapted as they were originally asked from the point of view of the investigator not the respondent e.g. “ was the information given in written or verbal form “ rather than “did you read or hear about it.” The language in all the questions was carefully considered without losing meaning.
- Some questions were originally “routed” so that not all questions were to be answered by all students. The view was expressed that this may discourage some students from answering relevant questions and so in the next draft of the questionnaire all questions were to be answered by all respondents. This meant rewording some questions and adding new answer options in others.
- The questions in table form just requiring a circle as an answer were seen as good but formatting of tables needed some attention in terms of row height, use of italics and boldening of words.
- There were also comments made on the need for clarity in the demographic section dealing with marital status and ethnic group, however as this section follows the pattern for the national census this was not changed.

5.5.2 Piloting phase – face-to-face piloting of the questionnaire

Following development of the questionnaire after the group discussions and comments from the statistician, a face-to-face pilot of the questionnaire was undertaken at site B. There were a total of 130 students in the cohort; the venue was a large lecture room set out in rows of seats. Approximately eighty students were actually present on the day. The students were aged from 18 with the oldest student present being 52 and “proud of it”. The group comprised nine BSc students, the rest being from a diploma group. All were due to qualify in July 2006. There were 12 male students and approximately 40% of the students were black, mainly from Ghana and Nigeria. There were some students from southern Ireland.

Of the students around 20 actually spoke during the one and a half hours spent with them. It was noticeable, however, that there were only a few students who appeared uninterested in the proceedings and the rest appeared to be following the discussion and gave non-verbal signs of agreement or disagreement at various times. Although the setting seemed not to be ideal, the researcher learnt that this was the usual format for their theory courses and the students appeared willing to share experiences in this setting.

The questions had been placed on acetate. It had been the researcher’s intention to ask for around 25 volunteers from the group but all of the students were interested in taking part. The students read the question and when then asked for comments regarding how they would answer it. The researcher also saw two students (one degree and one diploma) afterwards on a one to one basis. The two students came forward without the researcher needing to ask for volunteers. The individual conversations validated the issues raised in the interview. These were:

- Some questions were unclear.
 - Some questions replicated others.
 - Inclusion of an option for a student not wishing to continue within nursing.
- (One male degree student had obviously had a bad educational experience and

was adamant he was leaving nursing. The group did not see this as aberrant).

- Issues of older student and their dependants. (The issues of lack of mobility for students who were older or who had dependants was brought up several times).
- Issue of whether there was a job. (This was a strong component of the conversation).
- Students seemed very interested in future jobs rather than in the direction of a future career.

5.6 Stage 3: Pilot testing the questionnaire

After further revisions, the draft questionnaire was administered to a group of 37 students at site B in the final pilot phase. These students formed part of one of the proposed cohorts within the sample and were, therefore, excluded from the main study. The questionnaires were distributed by the researcher without verbal explanation of content along with the information sheet designed for the study. As the students were in two equal size groups in two different rooms, one group was asked to return the questionnaire to a box left at the study site which the researcher would collect one week hence and the other group were asked to post the questionnaire back to the researcher in the stamped addressed envelope provided. No specific time was given to complete the questionnaire. A separate form asking for evaluation of the questionnaire in terms of time to complete, clarity and unnecessary or repeated questions was also provided. The response rate was 70% with only a small difference in response between those questionnaires posted and those collected from the study site. One question was reworded as a result of the pilot. Overall, the questionnaire was evaluated and judged to be completed well.

5.7 Summary of development

The development of the tool took considerable time as did the piloting described within this chapter. The tool developed was tested for the first time within this

study and is now available for further use. The extensive piloting was useful as the instrument went through several stages of refinement before it was administered and the interviews that took place as part of it have meant that its content arises not only from the literature but also from the specific concerns of the population under study.

The findings from the study are now presented within Chapters 6 to 9. The chapters will report the findings in relation to the four areas of questions described in Section 5.3. Chapter 10 will then consider the implications of those findings mapped to the three levels of influence shown within the conceptual framework (Figure 4.1), and will consider the implications for the Donner and Wheeler model.

Chapter 6: Profile of respondents

6.1 Introduction

The first chapter of findings is concerned with the profile of the responders: programme of study which is located within the organisational level of the conceptual framework; and the demographic characteristics which is located within the individual level. Associations between these factors within specific groups are also presented.

6.2 Programme of study

Table 6.1 shows the proportion of respondents undertaking the diploma and degree programme. Two thirds of respondents were undertaking the diploma programme.

Table 6.1 Programme of study of respondents

	Frequency	Percentage %
Diploma	189	67%
Degree	91	33%
Total	280	100%
Missing	4	

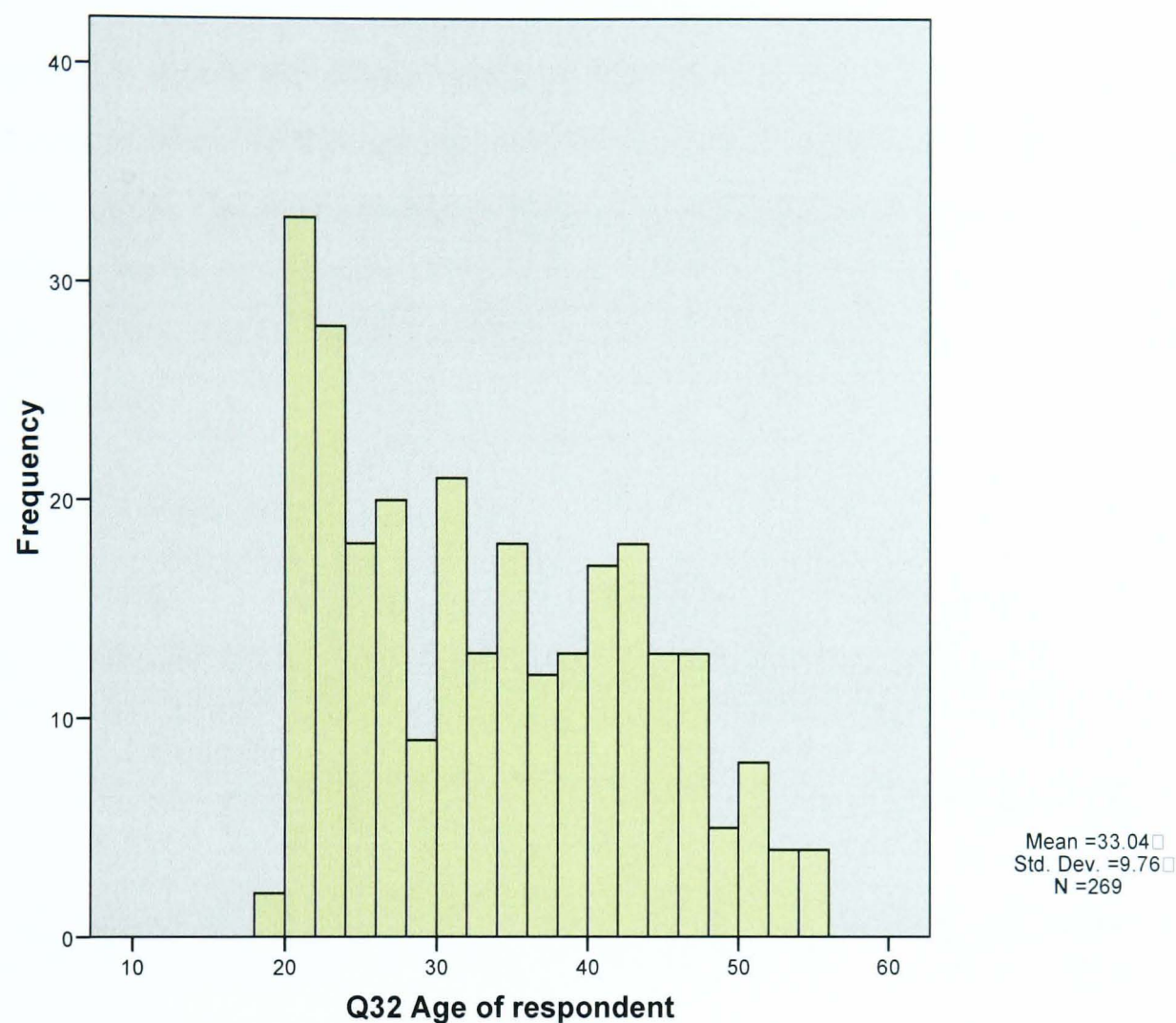
6.3 Gender

There were only 19 (7%) male respondents to the questionnaire. This is lower than the national figure of male applicants onto adult branch programmes in 2007 which was 8.1% according to the Nursing and Midwifery Admission Service (NMAS) in their 2008 dataset, (NMAS 2008). The numbers were too small for statistical significance and no differences in response were noted.

6.4 Age of respondents

There was a wide spread of ages within the sample (Figure 6.1).

Figure 6.1 Ages of respondents



The students from the diploma and degree programmes differ statistically ($p=0.001$) in terms of their ages (Table 6.2), with diploma students tending to be older.

Table 6.2 Programme of study and age of respondent

		18-23	24-65	Total
DIPLOMA	Frequency	29	153	182
	Percentage %	16	84	100
DEGREE	Frequency	34	53	87
	Percentage %	39	61	100
TOTAL	Frequency	63	206	269
	Percentage %	23	77	100

$\chi^2= 25.4$ $df=8$ $P=.001$

6.5 Ethnicity

Table 6.3 shows the ethnic origin of respondents. Just under 40% (38%) are of African or other black origin and just over half (55%) either of White British or other white origin. The small numbers from other ethnic groups made further analysis of their responses problematic. The study therefore uses the terms white origin or Black and Minority Ethnic Origin (BME) as the two categories under which ethnicity is considered.

Table 6.3 Ethnicity of respondents

	Frequency	Percentage %
African /other black origin	107	38
Indian origin	2	1
Chinese origin	2	1
Other Asian origin	11	4
White British origin	127	46
White Irish origin	11	4
Other white origin	13	5
Total	273	100
Missing data	11	

Nationally, the figure for students of black origin accepted onto the adult branch was 16% and for students of white origin was 59% in 2004 (NMAS 2008).

6.6 Cross tabulation with ethnicity

This section of analysis relates to the cross tabulation between the ethnicity of the respondents and age and programme of study (Tables 6.4 and 6.5). There were a number of significant findings in relation to the ethnicity of respondents. There was a tendency for BME students to be studying the diploma programme rather than the degree programme, (p=0.002) which was not university site specific. The BME students tended to be older.

Table 6.4 Ethnicity of respondent and educational programme

		BME	White	Total
DIPLOMA	Frequency Percentage	94 51%	91 49%	185 100%
DEGREE	Frequency Percentage	28 32%	60 68%	88 100%
TOTAL	Frequency Percentage	122 45%	151 55%	273 100%

$\chi^2=8.7$, $df=1$, $p=0.002$

Table 6.5 Ethnicity and age of respondents

		18-25	26-40	41-60	Total
BME	Frequency Percentage	21 18%	61 51%	37 31%	119 100%
WHITE	Frequency Percentage	59 40%	54 37%	33 23%	146 100%
TOTAL	Frequency Percentage	80 30%	115 43%	70 26%	265 100%

$\chi^2=33.9$, $df=8$, $p=0.001$

The BME students were also more likely to have spent time caring for children. However white students were more likely to state that the question as to whether they had spent time caring for children as “not applicable” (50% as opposed to 18% $p=.001$). This question gave the opportunity for some ambiguity in response as it is not clear if this was due to them not having children, or of receiving more support in looking after their children.

6.7 Working before undertaking the programme

A high percentage of respondents (n=225/83%) had experience of working before the commencement on their course (Table 6.6).

Table 6.6 Respondents having worked before the course

	Frequency	Percentage
Yes	225	83
No	46	17
Total	271	100
Missing data	13	

There was a wide range of length of time spent working before the course ranging from 1 to 46 years. The mean time was 8.2 years and the median 6 years.

6.8 Implications of findings on profile

While the low numbers of male students responding meant that detailed analysis on the basis of gender was not possible, the high number of BME students and the mix of both diploma and degree students meant that the sample provided a great deal of opportunities for further analysis. While in some ways not representative of the national picture, the effects of location within the London area of all the sites was reflected in the sample especially in relation to the BME students who are more prevalent in these areas (NMAAS 2008). In terms of possible influences on career choice, and areas that may be relevant in consideration of interventions in career management and development, the findings indicate that need to be considered in model of career development and management.

Ethnicity, gender and age are example of influences at the individual level as described in Figure 4.1. They are set and cannot be “altered” by interventions as a result of career development strategy although the strategy could take them into account.. The national or local “mix” between the numbers of diploma and degree level students is however subject to change.

It may be that intervention regarding this influence may be possible if it was to be a negative influence on decisions regarding career. The balance between diploma and degree students however, is an example of a potential influence that occurs at different levels within the conceptual framework, namely at the macro or national level where decisions about degree only preparation for nursing may be made and at the organisational level where an individual NHS trust may consider how their skill mix affects workforce planning, (Burke 2003). The fact that a single influence may arise from more than one level, adds a complexity to understanding the importance of their effect and how they may be addressed. This complexity of influence will be considered in Chapter 10.

Chapter 7: Career directions and influences

7.1 Introduction

This chapter reports on the concept of career that was used by respondents to plan their career, the directions in which that they felt that their career would or should progress, and the key influences upon their career choice. The potential influences reported within this chapter may arise from three levels of the conceptual framework: individual, organisational and national.

7.2 Concept of career

In an attempt to determine the respondents' views of career when considering their career choices, respondents were asked to rate how strongly a number of related concepts were associated with the term career. These concepts included male, female, role, status, managerial, long-term, vocation, and high pay. Tables 7.1 and 7.2 indicate responses in terms of gender associations.

Table 7.1 Career associated with male

	Frequency	Percentage %
Strongly associated	50	19
Associated	61	23
Some association	35	13
Weak association	11	4
Not associated	99	38
Total	256	100
Missing data	28	

Table 7.2 Career associated with female

	Frequency	Percentage %
Strongly associated	58	22
Associated	56	21
Some association	42	16
Weak association	13	5
Not associated	93	35
Total	262	100
Missing data	22	

As can be seen, similar proportions of students associated the male gender with career as female. There were some significant differences between student groups which will be highlighted later. It is of note though that a large number of students did not associate gender with the term career.

Table 7.3 gives the responses of the students in terms of role. A large number of respondents (84% n=221) agreed with the idea that there is a specific work role that is associated with a person having a career. One part of this role may be managerial. Table 7.4 shows this to be a strong sub-role that was associated with career. It would seem the supposition of a career professional being a manager resonated with 97% of students.

Table 7.3 Career associations- role

	Frequency	Percentage %
Strongly associated	132	50
Associated	89	34
Some association	30	11
Weak association	8	3
Not associated	4	1
Total	263	100
Missing data	21	

Table 7.4 Career associations – managerial

	Frequency	Percentage %
Strongly associated	99	38
Associated	89	34
Some association	54	21
Weak association	11	4
Not associated	9	3
Total	262	100
Missing data	22	

The effect of status as a concept associated with career (Table 7.5) was less powerful.

Table 7.5 Career associations- Status

	Frequency	Percentage %
Strongly associated	103	39
Associated	96	36
Some association	47	18
Weak association	11	4
Not associated	8	3
Total	265	100
Missing data	19	

The concept of career being associated with a long-term occupational role was broadly the same as the responses associated with status. As can be seen in Table 7.6 78% of students associated or strongly associated long-term occupational role with career.

Table 7.6 Career Associations- Long- term occupational role

	Frequency	Percentage %
Strongly associated	125	47
Associated	82	31
Some association	48	18
Weak association	3	1
Not associated	5	2
Total	263	100
Missing data		

Respondents were asked how strongly the concept of career was associated with the word ‘vocation’. They were also asked to rate association with high pay. In some ways these associations may be seen as opposite ends of a continuum, as vocation indicates that career should have its own altruistic reward while high pay is a different form of motivating factor. In fact respondents rated each of these concepts equally as can be seen in Tables 7.7 and 7.8.

Table 7.7 Career associations- Vocation

	Frequency	Percentage %
Strongly associated	92	35
Associated	80	31
Some association	67	26
Weak association	12	5
Not associated	9	4
Total	260	100
Missing data	24	

Table 7.8 Career associations- high pay

	Frequency	Percentage %
Strongly associated	85	32
Associated	70	27
Some association	60	23
Weak association	35	13
Not associated	14	5
Total	264	100
Missing data	20	

7.3 Nursing as a career

To determine the respondent’s views about nursing as a career, they were asked a number of questions regarding their view of what type of occupation they consider nursing to be. Tables 7.9 - 7.11 show their views on whether nursing is a job like any other, a career or a mixture of both a career and a job.

Three times as many students felt that nursing was a career as felt that it was only a job. Thus Table 7.9 shows that while 31% (n=86) strongly agreed or agreed with the statement that nursing is only a job, Table 7.10 indicates that 94% (n=264) supported the view that nursing was a career. Table 7.11 indicates that the majority (87%, n=246) agreed that nursing was both a career and a job.

Table 7.9 Nursing is a job

	Frequency	Percentage %
Strongly agree	38	14
Agree	48	17
Neither agree or disagree	26	9
Disagree	97	35
Strongly disagree	71	25
Total	280	100
Missing data	4	

Table 7.10 Nursing is a career

	Frequency	Percentage %
Strongly agree	186	66
Agree	78	28
Neither agree or disagree	14	5
Disagree	2	1
Strongly disagree	2	1
Total	282	100
Missing data	2	

Table 7.11 Nursing is both a career and a job

	Frequency	Percentage %
Strongly agree	141	50
agree	105	37
Neither agree or disagree	22	8
Disagree	10	4
Strongly disagree	4	1
Total	282	100.0
Missing data	2	

The fact that nursing is seen as a career is also important to students in terms of choosing nursing as a study choice at university. Table 7.12 shows that a total of 88% (n= 243) considered this important or quite important when making their choice of university subject.

Table 7.12 The importance of nursing as a career in university choice

	Frequency	Percentage %
Very important	151	54
Quite important	92	34
Not very important	25	9
Not important	12	4
Total	280	100
Missing data	4	

7.4 Intention to work in nursing

The vast majority of students intend to work full-time within nursing on completion of their programme, with 80% (n=226) indicating that this was their intended destination. There were no differences in this regard between respondents at the different HEIs or between those on the Degree and Diploma programmes. There were some small differences between the HEIs in terms of, for example, intention to work in other healthcare roles besides nursing. This varied from between 0% for HEI C to 7% in HEI B, Due to the small numbers of students who indicated this option (n=9) however, this was not statistically significant. Students were asked if they were not able to go straight to a nursing post, whether they would be likely to return to nursing at a later date, (Table 7.13).

Table 7.13 Plans after qualification - return to nursing

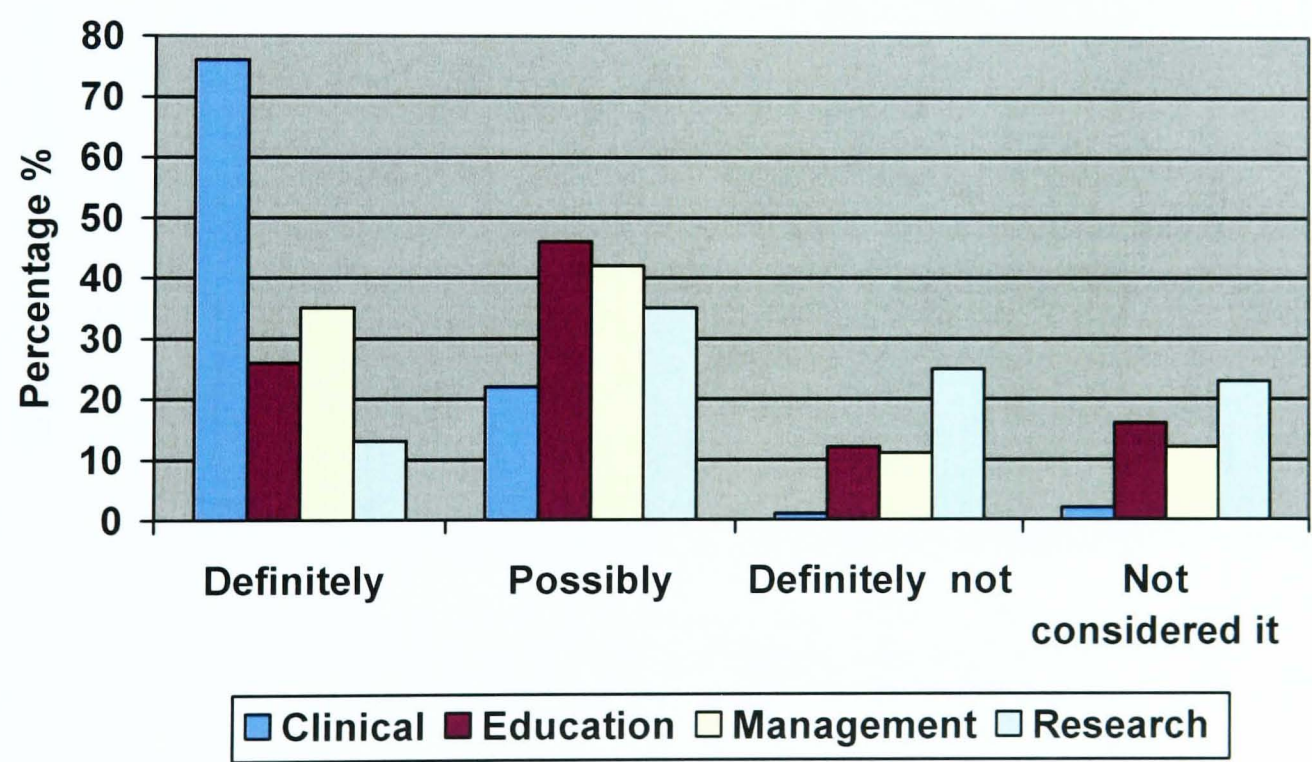
	Frequency	Percentage %
Very likely	71	27
Likely	27	10
Unlikely	4	1
Very unlikely	4	1
Unable to say at this stage	20	8
Doesn't apply to me	133	51
Total	259	100
Missing data	25	

As can be seen, a small percentage of students (2% n=8) stated that they were unlikely or very unlikely to return to nursing if they did not get a job straightaway. However, it is of note that the highest response was that this question did not apply to them.

7.5 Clinical, managerial, education or research as a preferred area of nursing

Students were asked to rank their preference for working in the longer term within a clinical, managerial, educational or research area of nursing. As can be seen from Figure 7.1 the respondents strongly preferred to work within clinical nursing. This is perhaps not surprising in view of the time at which the question was asked. However, when the “possibly” category is added approximately 70% of students would consider working within an educational or managerial role within nursing. This is in contrast to research in which only 52% of students could see a future career. Indeed a quarter 25% would definitely not consider a career in this area. A higher percentage of respondents have also not considered this area to be one in which they are interested, (23%) as opposed to the other areas.

Figure 7.1 Percentage expressing an interest in different “areas” of nursing



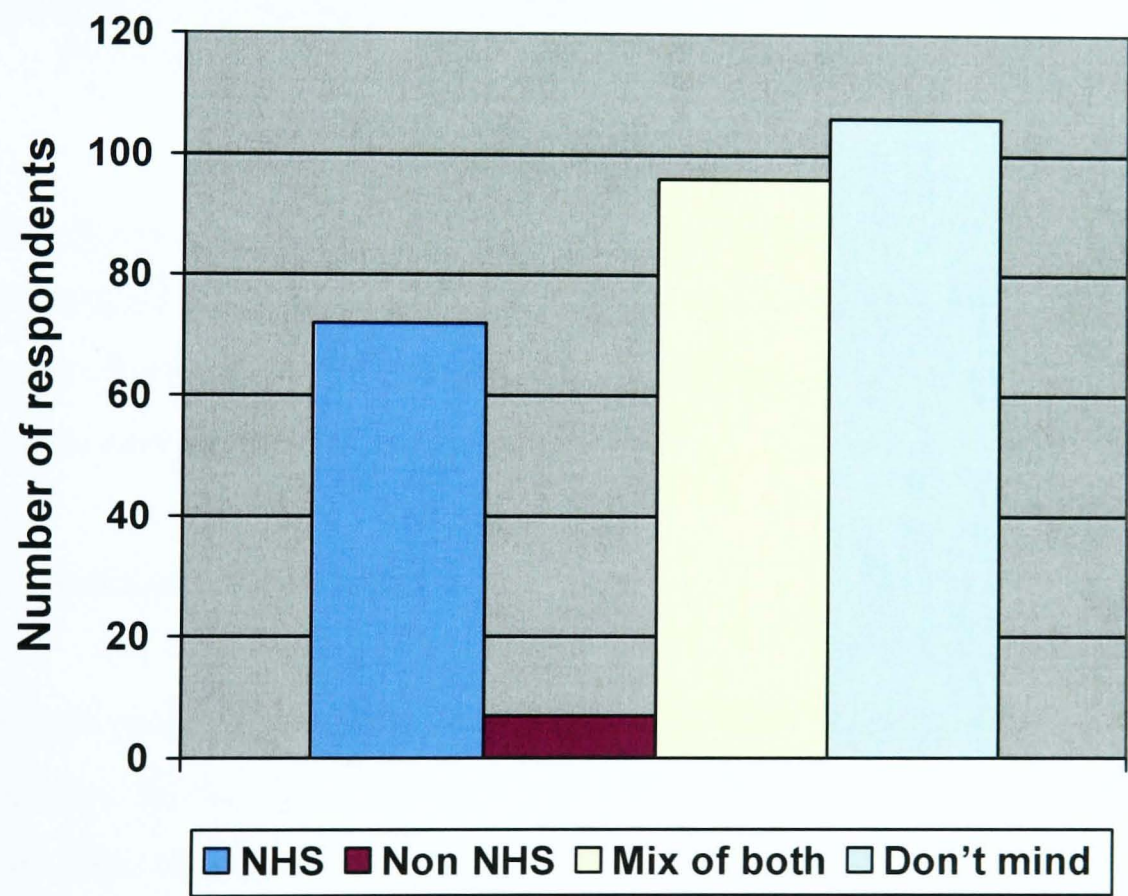
Respondents were asked why they would choose to work in a given area of nursing. Possible responses included: status; long term career; financial reward or other reason. The main finding being the view that, clinical nursing offers the best chance of a long- term career. This was stated to be the case in clinical nursing by 65% of

respondents as opposed to 25% in research, 38% in education and 37% of respondents for the managerial area of nursing.

7.6 Preferred employer

The next data set refers to the employer preferences of respondents as an influence on career progression. Figure 7.2 illustrates the responses with regards to working inside or outside the NHS. The largest response was is in the ‘don’t mind’ category (38%) with 26% only considering the NHS as their first employer.

Figure 7.2 Employer preferences



While very few respondents were considering non NHS employment exclusively, there were a large number who would not mind non-NHS work. There are variations in respondents answers as to where this work would be. As can be seen in Table 7.14 there is a strong likelihood that respondents would consider working in the voluntary

sector. As shown in Table 7.15 63% (n=180) would consider working within the local authority arena.

Table 7.14 Preferred employers – voluntary sector

	Frequency	Percentage %
Yes	215	76
No	69	24
Total	284	100
Missing	0	

Table 7.15 Preferred employers -Local authority

	Frequency	Percentage %
Yes	180	63
No	104	37
Total	284	100
Missing	0	

These figures can be contrasted with those for the private (for profit) employers with only 36% of respondents stating that they would be willing to seek a first post in this area of employment. The number of respondents considering the armed forces as possible first employers was 24%.

7.7 Choice of first speciality

Students were asked about how much idea they had about their choice of first speciality. As can be seen from Table 7.16, a majority of students had a definite or some idea about the speciality in which they would like to work. The small percentage (4% n= 12) that had no idea about where they should work indicated that for most some decision making regarding this aspect of career choice has occurred.

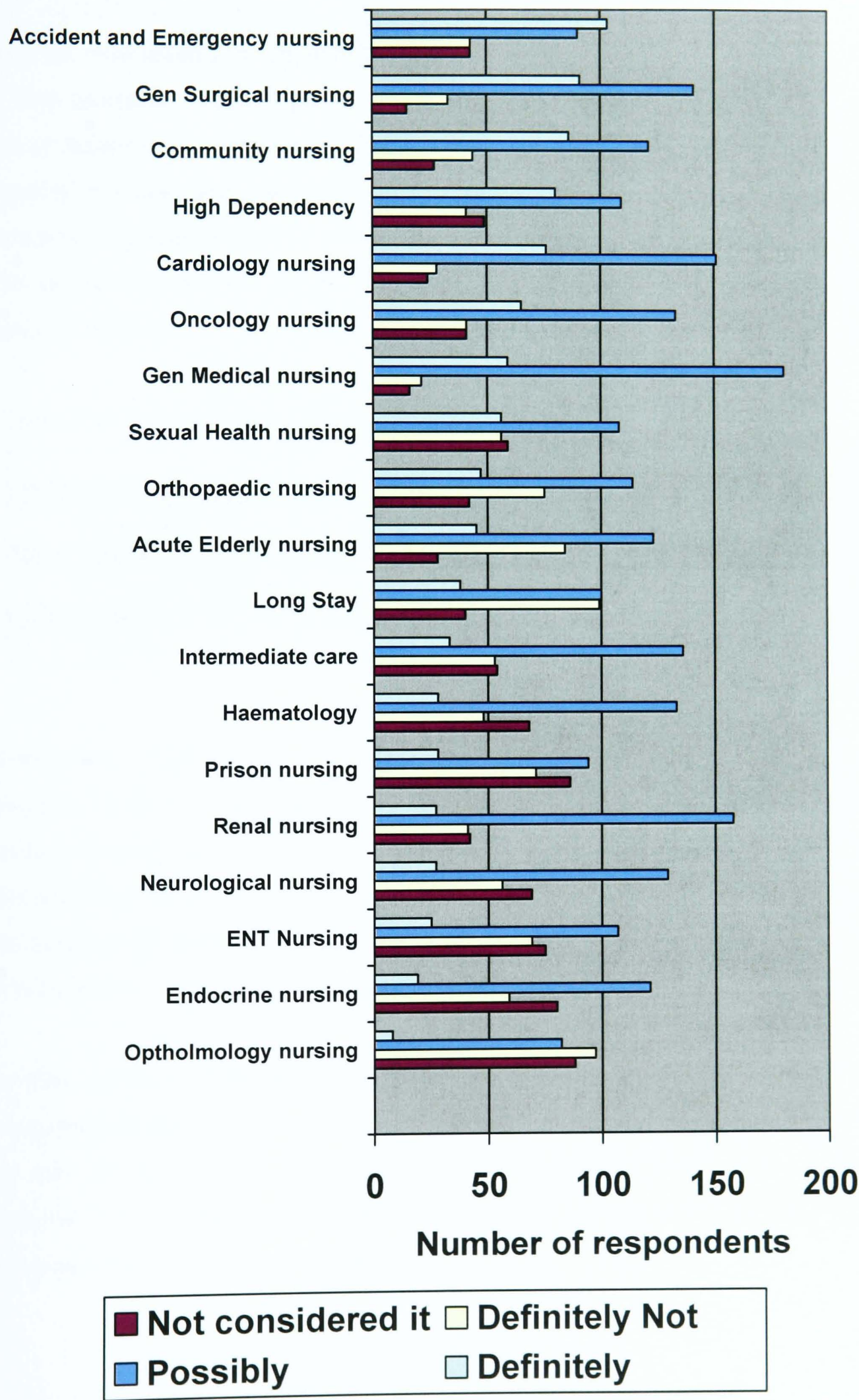
Table 7.16 Ideas regarding specialties

	Frequency	Percentage %
Definite idea	109	39
Some idea	135	48
Vague idea	23	8
No idea	12	4
Total	279	100
Missing	5	

There was variation regarding which speciality would be considered for a first post. Respondents were asked how far they would consider working within a number of specialities. The strength of student’s motivation to work in the specialities is shown in Figure 7.3.

The most popular speciality was Accident and Emergency, followed by General Surgery (32% definitely) and Community (31% definitely) as popular choices. The least popular speciality was Ophthalmology. Here only eight students felt that they would definitely consider working in this area, with a total of 30% expressing this as a possibility. Interestingly, 74% of students would definitely or possibly consider working within a community setting. This compared well with other specialities perceived to be popular (e.g. Cardiology with 81% and General surgery with 83%). In fact, Community was more likely to be seen as a speciality to work in than high dependency nursing in which 68 % of students definitely or possibly expressed a desire to work in that area. Another finding relates to the possibility of working within the prison healthcare service. Nearly half (44%) of students stated that there was either a definite or possible chance of working within this area. There was variation (although not statistically significant) between university site in response to this question with more students at Site C definitely considering this specialty.

Figure 7.3 Area of nursing preferred



7.8 Influences on first speciality

Students were asked how much influence the following factors have on their choice of first speciality: morale; status; religion; culture; prospects of promotion; client group; balance of staff and patients gender; experience as a student; previous experience; and student’s ethnic group. The main influence on how a speciality was seen was the perceived state of morale within the speciality. Table 7.17 indicates that 95% of students felt that this aspect had a strong or had some influence on their choice of speciality.

Table 7.17 Influences on choice of specialty - morale

	Frequency	Percentage %
Strong influence	181	65
Some influence	83	30
No influence	7	2
Not considered it	7	2
Total	278	100
Missing	6	

Morale was a slightly more important factor than the student’s experience of the speciality, with 91% of students stating that morale in the workplace had some or a strong influence on their choice of speciality. The standards of care within the speciality also had a part to play with 89% of students stating this had some or a strong influence. Interestingly, it was a strong influence for only 42% as opposed to 65% for morale with which it is assumed to link.

Another important influence on choice of speciality was the issue of perceived prospects indicated in Table 7.18. Prospects were not defined in the questionnaire, but face to face piloting demonstrated that students understood them to mean promotion and flexibility of employment, (Section 5.2.2 Chapter 5). The figures for pay as an influence on speciality were similar.

Table 7.18 Influences on choice of specialty – prospects

	Frequency	Percentage %
Strong influence	132	47
Some influence	116	42
No influence	20	7
Not considered it	11	4
Total	279	100
Missing	5	

Another influence on choice of specialty was the effects of experiences outside the programme, whereby 69% felt this had some or a strong influence on choice of specialty. From the face to face piloting of the questionnaire discussed in Chapter 5, this was taken to mean agency/ bank nursing. Students may well work as unqualified agency staff to supplement income. This aspect was less important than the effects of experience during the course (91% some or strong influence). A factor that was seen as less important than expected was the influence of status of the specialty. As can be seen in Table 7.19, only 25% of students felt that this was a strong influence on their choice. While it had some influence for a further 48% this is still less than other factors such as the perceived prospects within a speciality.

Table 7.19 Influences on choice of specialty – status

	Frequency	Percentage %
Strong influence	68	25
Some influence	131	48
No influence	50	18
Not considered it	23	8
Total	272	100
Missing data	12	

A factor that had some or a strong influence on choice of speciality was the religion of the student. While it is a strong influence for only 7% of students, it has some influence for a further 14% making a total of 21% of students where religion has a

part to play in their career choice. The effects of the student’s own culture have similar findings, with 21% reporting it has some or a strong influence.

7.9 Ethnic group and career directions

As can be seen from Tables 7.20 and 7.21, students from a Black and Minority ethnic background, (BME), were more likely to choose General Medical (p=0.002) and Community (p=0.001) as a first post specialty. There does not seem to be an obvious connection between these two areas.

Table 7.20 Ethnicity and would work in general medicine

		definitely	possibly	definitely not	not considered it	Total
BME	Frequency	35	67	5	11	118
	Percentage	30%	57%	4%	9%	100%
WHITE	Frequency	23	106	15	5	149
	Percentage	15%	71%	10%	3%	100%
TOTAL	Frequency	58	173	20	16	267
	Percentage	22%	65%	7%	6%	100%

$\chi^2=15.1$, $df=3$, $p=0.002$

Table 7.21 Ethnicity and would work in the community

		definitely	possibly	definitely not	not considered it	Total
BME	Frequency	48	48	9	13	118
	Percentage	41%	41%	8%	11%	100%
WHITE	Frequency	34	69	33	14	150
	Percentage	23%	40%	22%	9%	100%
TOTAL	Frequency	82	117	42	27	268
	Percentage	31%	44%	16%	10%	100%

$\chi^2= 16.3$, $df=3$, $p=.001$

There was an indication that both research (p=0.001) and managerial pathways (p=0.001) were more likely to be favoured by BME students than white as definite areas in which to work in the longer term (see Tables 7.22 and 7.23).

It may be that the choice of research is partially explained by the influence of the status of the speciality which is a more important influence for BME students. (p=0.001). This is demonstrated in Table 7.24.

Table 7.22 Ethnicity and working in research

		definitely	possibly	definitely not	not considered it	Total
BME	Frequency	28	41	19	33	121
	Percentage	23%	34%	16%	27%	100%
WHITE	Frequency	9	59	51	31	150
	Percentage	6%	39%	34%	21%	100%
TOTAL	Frequency	37	100	70	64	271
	Percentage	14%	37%	26%	24%	100%

$\chi^2=24.7$, $df=3$, $p=0.001$

Table 7.23 Ethnicity and working in management

		definitely	possibly	definitely not	not considered it	Total
BME	Frequency	58	42	9	12	121
	Percentage	48%	35%	7%	10%	100%
WHITE	Frequency	34	73	23	20	150
	Percentage	23%	49%	15%	13%	100%
TOTAL	Frequency	92	115	32	32	271
	Percentage	34%	42%	12%	12%	100%

$\chi^2=19.7$, $df=3$, $p=0.001$

Table 7.24 Ethnicity and the influence of status of the speciality

		strong	some	none	not	Total
BME	Frequency	44	47	12	10	113
	Percentage	39%	42%	5%	4%	100%
WHITE	Frequency	21	79	36	13	149
	Percentage	14%	53%	24%	9%	100%
TOTAL	Frequency	65	126	48	23	262
	Percentage	25%	48%	18%	9%	100%

$\chi^2= 23.9$, $df=3$, $p=0.001$

As can be seen in Tables 7.25 and 7.26, both the balance of the staff gender within the speciality and the balance of the patient’s gender were seen as much more of an influence on choice for BME student’s choice.

Table 7.25 Ethnicity and the influence of patient’s gender

		strong	some	none	not considered it	Total
BME	Frequency	10	44	51	11	116
	Percentage	9%	38%	44%	9%	100%
WHITE	Frequency	5	27	92	22	146
	Percentage	3%	18%	63%	15%	100%
TOTAL	Frequency	15	71	143	33	262
	Percentage	6%	27%	54%	13%	100%

$\chi^2=17.9, df=3, p=0.001$

Table 7.26 Ethnicity and the influence of staff gender

		strong	some	none	not considered it	Total
BME	Frequency	22	35	50	11	118
	Percentage	19%	30%	42%	9%	100%
WHITE	Frequency	10	25	89	25	149
	Percentage	7%	17%	60%	17%	100%
TOTAL	Frequency	32	60	139	36	267
	Percentage	12%	22%	52%	13%	100%

$\chi^2=19.2, df=3, p=0.001$

The religion of BME students (Table 7.27) was also seen as a factor in choice of speciality. BME students were more likely ($p=0.001$) to see this as a strong influence although no specific religion was identified. This was not the same in the case of culture which was not seen as a significant influence.

Table 7.27 Ethnicity and the influence of religion

		strong	some	none	not considered it	Total
BME	Frequency	13	2	61	20	118
	Percentage	11%	20%	52%	17%	100 %
WHITE	Frequency	5	12	98	33	148
	Percentage	3%	8%	66%	22%	100 %
TOTAL	Frequency	18	36	159	53	266
	Percentage	7%	13%	60%	20%	100 %

$\chi^2=16.1, df=3, p=0.001$

Tables 7.28 and 7.29 indicate a difference in certain concepts associated with career by BME students. The term male is more likely to be associated with career by BME

students. The term female is less likely to be associated with the concept of career by White students.

Table 7.28 Ethnicity and career association with the word male

		strongly associated	associated	some association	weak association	not associated	Total
BME	Frequency	28	32	18	4	24	106
	Percentage	26%	30%	17%	4%	23%	100%
WHITE	Frequency	20	28	15	7	73	143
	Percentage	14%	20%	10%	5%	51%	100%
TOTAL	Frequency	48	60	33	11	97	249
	Percentage	19%	24%	13%	4%	39%	100%

$$\chi^2=22.4, df=4, p=0.001$$

Table 7.29 Ethnicity and career association with the word female

		strongly associated	associated	some association	weak association	not associated	Total
BME	Frequency	35	28	17	6	22	108
	Percentage	32%	26%	16%	6%	20%	100%
WHITE	Frequency	19	28	23	7	69	146
	Percentage	13%	19%	16%	5%	47%	100%
TOTAL	Frequency	54	56	40	13	91	254
	Percentage	21%	22%	16%	5%	36%	100%

$$\chi^2=24.9, df=4, p=0.001$$

In addition, the concept of high pay is more likely ($p=0.001$) to be associated with career by BME students. This is demonstrated in Table 7.30.

Table 7.30 Ethnicity and career associated with “high pay”

		strongly associated	associated	some association	weak association	not associated	Total
BME	Frequency	52	34	15	6	2	109
	Percentage	48%	31%	14%	5%	2%	100%
WHITE	Frequency	32	33	42	28	12	147
	Percentage	22%	22%	28%	29%	8%	100%
TOTAL	Frequency	84	67	57	34	14	256
	Percentage	33%	26%	26%	22%	5%	100%

$$\chi^2=34.0, df= 4, p=0.001$$

7.10 Relationships between career directions, influences and programme

Diploma students were more likely to see the fact that nursing is seen as a career as important when they chose their course at university. It is of note that half of all students saw this as very important. This is an important finding in terms of a shared concept of nursing as a career among student nurses and has implications for recruitment onto the programmes of study.

Table 7.31 Programme of study and importance on choice at university

		very important	quite important	not very important	not important	Total
DIPLOMA	Frequency	112	52	18	4	186
	Percentage	60%	28%	10%	2%	100%
DEGREE	Frequency	38	38	7	8	91
	Percentage	42%	42%	8%	9%	100%
TOTAL all responses	Frequency	150	90	25	12	277
	Percentage	54%	32%	9%	4%	100%

$\chi^2=13.9, df=3, p=0.003$

7.11 Relationships between career directions, influences and University site

The university site of respondents also had some influence on how first post was seen. As can be seen in Table 7.32, students at site C were far more likely to see research as a possible long term career choice($p=0.001$). It should be noted that site C did not have a significantly increased number of students from a BME background who as a group saw research as a preferred option.

Table 7.32 University site and preference for working in research

		definitely	possibly	definitely not	not considered it	Total
Site A	Frequency	11	45	23	31	110
	percentage	10%	4%	21%	28%	100%
Site B	Frequency	7	29	32	22	90
	percentage	8%	32%	36%	24%	100%
Site C	Frequency	23	31	15	13	82
	percentage	28%	38%	18%	16%	100%
Total	Frequency	41	105	70	66	282
	percentage	15%	37%	25%	23%	100%

$\chi^2=25.0, df=6, p=0.001$

7.12 Implications of findings on career directions

This chapter has considered the responders concept of career and directions they hope to pursue in nursing.

There was a degree of variation between the different concepts associated with career among the respondents. This “mix” of associations may indicate a less than clear concept of career among the population of nursing students which may make developing careers for individuals more difficult. As in Chapter 6, we see that some of the influences on choice are influenced at the different levels outlined within Figure 4.1. For example, concept of career is formed not only by the individual’s value system but also by external perceptions of career. Perhaps more obviously, this chapter has shown that choice of speciality is influenced both by the availability of that speciality (organisational level) and by the individuals previous experience of it (individual level). The effect of status (both macro or organisational levels) as a concept associated with career was less powerful than expected. While it was associated or strongly associated with career by 75% of respondents it was considered more likely to be a larger influence from consideration of the literature. That a professional career leads to an increased status was a finding that was expected.

It was a notable finding that a large number of students had not considered the possibility that they might not get a first post. They were about to qualify at a time when it was difficult for newly qualified nurses to obtain a post and so may indicate a false perception of the job market and potentially the need for career planning. This may indicate a lack of awareness of the importance of the organisational influences on career direction. There were no statistically significant differences in this regard between the three HEI’s.

The respondents indicated that they strongly preferred to work within clinical nursing. This is perhaps not surprising in view of the time at which the question was asked. As newly qualified nurses, there may be a perceived need to consolidate learning and in particular clinical skills after qualification. Interestingly, 74% of students would definitely or possibly consider working within a community setting.

This compared well with other specialities perceived to be popular (e.g. cardiology with 81% and general surgery with 83%) and seems consistent with the drive to develop community based services.

In terms of preferred area of nursing, prison nursing proved to be more often considered than expected. Nearly half (44%) of students stated that there was either a definite or possible chance of working within this area. There was variation (although not statistically significant) between university site in response to this question with more students at Site C definitely considering the specialty. This was to be expected as the Prison service had a contract via a Primary Care Trust, to provide student placements for that HEI. The fact that the prison service was considered as a possibility by so many, may indicate respondents looking outside of traditional career routes. However in the case of community nursing, it may be that because of the higher level of caring for children referred to in Chapter 6 and perhaps reduced amounts of shift work may mean community is more of an attractive option for BME students. Alternatively it may be that the concept of community based healthcare is more developed within that group. As has been described, community and general medicine are more popular choices for BME students, although it would seem likely that the balance of staff gender in community is weighted towards female staff so this may be an influence in choice of a community first post. Although these preferences may arise from an individual level of influence, they are dependent upon the availability of posts in those areas which is influenced by the organisational level.

Morale (organisation level) was a slightly more important factor than the student's experience of the speciality, with 91% of students stating that morale in the workplace had some or strong influences on their choice of speciality.

There does seem to be a theme relating to status and value placed on different aspects of career which is running through the set of cross tabulations, which indicates potential differences in the concepts of career between different ethnic groups (the effects of status as a whole is a macro influence that is less important than was expected). Whether the influences on this relate to individual perceptions as a form of influence on macro or national influences being more important is unclear

from this study. This is a potentially important theme in terms of the way in which the findings could be used to expand the model of career planning and support; this is discussed in Chapter 10.

Chapter 8: Specific considerations related to obtaining a first post

8.1 Introduction

In the preceding chapter, some of the decisions and influences about career and speciality were reported. This chapter focuses on the decisions and influences reported by respondents in relation to the specific first post they would like to enter after qualification. These influences, as with those reported in Chapter 7, may arise from all of the levels of the conceptual framework.

8.2 Thoughts about first post

While only a very few students had no thoughts regarding their first post, it is of note that less than half (48%) had given a great deal of thought to their first post at the time of the study as (Table 8.1).

Table 8.1 How much have you thought about your first post

	Frequency	Percentage %
A great deal	136	48
Quite a lot	87	31
Some thought	46	16
Not a great deal	10	3
None	3	1
Total	282	100
Missing data	2	

For those who had given some consideration to obtaining a first post, Table 8.2 shows the extent to which decisions had been made.

Table 8.2 Present thinking about first post

	Frequency	Percentage %
Specific post in mind	51	19
Several areas in mind	93	34
Sure of type of area	97	35
Not sure of area	17	6
No idea of first post	16	6
Total	274	100
Missing data	10	

As can be seen, nearly one fifth of students had a specific post in mind. A further 34% had a number of areas in mind, which means that over half (53%) of students had a clear view of where they wished to start their career. Relatively few (12%), had little or no idea regarding their first post. This may not of course be due to a lack of thinking regarding obtaining a first post but may be due to a whole variety of factors not under the student’s control, such as they availability of posts, resulting in a more definite decision having not as yet been reached.

8.3 Influences on choice of first post

Respondents were asked to rate ideas regarding their first post in terms of several different factors. These were the speciality of first post, its geographical location and whether they preferred the post to be in a hospital or community setting. Table 8.3 indicates how far the students had formed ideas about which speciality they would like their first post.

Table 8.3 Speciality as a factor on choice of first post

	Frequency	Percentage
Definite idea	135	50
Vague idea	105	39
No idea	24	9
Not applicable	6	2
Total	270	100
Missing data	14	

As indicated in Table 8.4, 50% of students had a definite idea about the speciality of their intended first post. Speciality was not thought applicable or not seen as relevant for only 11% of students.

Table 8.4 Geographical factors and choice of first post

	Frequency	Percentage %
Definite idea	132	49
Vague idea	93	35
No idea	33	12
Not applicable	10	4
Total	268	100
Missing data	16	

Table 8.5 shows the ideas that respondents had regarding a hospital or community setting for first post. As can be seen, over 60% had a firm idea regarding the type of areas in which they would seek to work.

Table 8.5 Hospital or community setting as a factor on choice of first post

	Frequency	Percentage %
Definite idea	170	62
Vague idea	78	28
No idea	23	8
Not applicable	3	1
Total	274	100
Missing data	10	

At the time of the survey, it is of note that 31% of respondents had a definite idea of the specific ward or clinic in which they wished to be based. When asked how flexible they were in terms of choice of first post, 43% of students stated that they were highly flexible.

8.4 The importance of choosing a speciality in terms of first post

When choosing a speciality for their first post, respondents were asked to rate a number of influences on their decisions. Only 33% of respondents felt that employment influences i.e. the likelihood of obtaining a job in that speciality, was a strong influence. A further 41% felt that this had some influence on their decision.

8.4.1 Stepping stone and enjoyment of speciality as influences

Tables 8.6 and 8.7 show results regarding the first speciality as a stepping-stone in their future career and previous enjoyment when working in that speciality. These two factors were the most likely to be rated as a strong influence with 93.1% and 86.3% respectively as being a strong influence or as having some influence. Being a stepping stone for longer term plans was seen as important is supported by the fact that 49% reported that first post was very important for long-term plans and a further 37% felt that is was quite important. Only seven respondents suggested that first post was not important for their long-term career.

Table 8.6 Stepping stone as a factor in choice of speciality

	Frequency	Percentage %
Strong influence	144	53
Some influence	111	40
No influence	10	4
Not considered it	9	3
Total	274	100
Missing data	10	

Table 8.7 Enjoyment as a factor in choice of speciality

	Frequency	Percentage %
Strong influence	142	52
Some influence	92	34
No influence	27	10
Not considered it	10	4
Total	271	100
Missing data	13	

8.4.2 Rotation programmes

Respondents were asked if the possibility of undertaking rotation placements within the speciality was a factor in their choice. As can be seen in Table 8.8, this did not seem to be as an important a factor in the decision-making process with only 29% of respondents stating that this was a strong influence.

Table 8.8 Rotation as a factor in choice of speciality

	Frequency	Percentage %
Strong influence	77	28
Some influence	110	41
No influence	44	16
Not considered it	40	15
Total	271	100
Missing data	13	

8.5 College and practice influences on first post

Respondents were asked to rate the influence of three potential factors on their choice of first post namely: what was *seen in practice*; what was *said in practice*; and what was *said in college*.

As can be seen in Tables 8.9, 8.10 and 8.11 it is clear that the major influence on first post of the three is what was *seen in practice*. It is of note however that not only is it the strongest influence but that 97% of students agreed that it had some influence.

Table 8.9. What was *seen in practice* as a factor on choice of first post on first post

	Frequency	Percentage %
Strong influence	201	73
Some influence	68	24
No influence	8	3
Total	277	100
Missing data	7	

Table 8.10 What *was said in practice* as a factor on choice of first post on first post

	Frequency	Percentage %
Strong influence	71	26
Some influence	153	56
No influence	51	18
Total	275	100
Missing data	9	

Table 8.11 What was *said in college* as a factor on choice of first post on first post

	Frequency	Percentage %
Strong influence	50	18
Some influence	148	54
No influence	77	28
Total	275	100
Missing data	9	

What was *said in practice* was seen as less important with 26% stating that it was a strong influence and 56% stating that it had some influence. What was *said in college* was an influence similar to that to what was *said in practice*.

8.6 Relationships between programme, ethnicity, and university site

The programme of study had an influence in terms of the respondents valuing what was *said in college* regarding first post. Diploma students were more likely to regard what was *said in college* as influential; (24%) as opposed to 7% for degree students. Approximately 50% of both degree and diploma students saw this as having some influence on their choice of first post as indicated in Table 8.12 .

Table 8.12 Programme of study and what was *said in college* as an influence on first post

Programme		strong influence	some influence	no influence	Total
Diploma	Frequency	43	99	40	182
	Percentage	24%	54%	22%	100%
Degree	Frequency	6	47	36	89
	Percentage	7%	53%	40%	100%
TOTAL	Frequency	49	146	76	271
	Percentage	18%	54%	28%	100%

$\chi^2=16.7, df=2, p=0.001$

As indicated in Table 8.13 BME students were also more likely to consider what was *said in college* as an influence on first post. (p=0.001)

Table 8.13 Ethnicity and what was *said in college* as an influence on first post

		strong influence	some influence	no influence	Total
BME	Frequency	34	57	27	118
	Percentage	29%	48%	23%	100%
WHITE	Frequency	12	88	47	147
	Percentage	8%	60%	32%	100%
TOTAL	Frequency	46	145	74	265
	Percentage	17%	55%	28%	100%

$\chi^2=19.6, df=2, p=0.001$

Both ethnicity and programme of study were variables in how what was *said in college* was an influence in choice of first post. A three level Chi square shown below in Table 8.14 indicated that both of these influences were a factor. This approach was taken as both programme and ethnicity were significant variables.

Table 8.14 Programme of study, ethnicity and what was *said in college*

Ethnicity	Programme	What was said in college as influence on first post				
			strong influence	some influence	no influence	Total
BME	Diploma	Frequency	32	44	15	91
		percentage	35%	48%	16%	100%
	Degree	Frequency	2	13	12	27
		percentage	7%	48%	44%	100%
	Total	Frequency	34	57	27	118
		percentage	29%	48%	23%	100%
WHITE	Diploma	Frequency	10	54	24	88
		percentage	11%	61%	27%	100%
	Degree	Frequency	2	34	23	59
		percentage	3%	58%	39%	100%
	Total	Frequency	12	88	47	147
		percentage	8%	60%	32%	100%

BME $\chi^2= 12.7, df=2, p=0.002$

White $\chi^2 = m5.21, df= 2, p= >0.01$

It would appear that ethnicity is a factor in being open to accept advice from college in terms of first post but that programme is a modifying variable.

Table 8.15, indicated that students at site A were more likely to regard what was *said in college* as being an influence on choice of first post. Over 90% of students at site

A stated they felt what was said at university had some or a strong influence. This is compared to under 70% at site B.

Table 8.15 University site and what was *said in college* as an influence on first post

University site		strong influence	some influence	no influence	Total
A	Frequency	14	75	22	111
	percentage	13%	68%	20%	100%
B	Frequency	18	33	36	87
	percentage	21%	38%	41%	100%
C	Frequency	18	40	19	77
	percentage	23%	52%	25%	100%
Total	Frequency	50	148	77	275
	percentage	18%	54%	28%	100%

$\chi^2= 19.9, df=4, p=0.001$

8.7 Implications of findings on first post

This chapter has reported on specific considerations about the choice of first post. It shows that the respondents have engaged with the choice but shows that a large number have not given it a great deal of thought. This finding is perhaps surprising considering that the majority of students were within six to eight months of qualification. This lack of thought by respondents is a surprising finding in this study. The need to make decisions about first post by the individual is an important first step in the career decision making process. As indicated in Figure 4.1, not only is the individual level of influence affected by the other levels which feed into it, it may also be seen as a starting point, as if the individual is not ready to be engaged within the process, then no decision will be made.

Respondents regarded speciality as an important influence along with the concept of using a first post as a stepping stone. When choosing a speciality for their first post, however, only 33% of respondents felt that employment influences i.e. the likelihood of obtaining a job in that speciality, was a strong influence. In the employment climate at the time of the survey, with jobs difficult to obtain, this figure may have been expected to have been higher. The organisational level of influence within the conceptual framework would include the availability of first posts within a

speciality. The study shows that what may be seen as a primary influence in some regard, is not as important as might be assumed.

It should be noted that the organisational level of influence may encompass the influences of more than one organisation; in this case both within practice and education. The relative influences of what they have seen in practice and what they are told in college are important findings, the influence of ethnicity, programme and university site are also important findings with relevance to developing the Donner and Wheeler model in terms of tailoring its use to specific students.

Over 60% had a firm idea regarding the type of areas in which they would seek to work. To work in or out of hospital seems such a fundamental career decision given the very different nature of the two environments and this figure might have been expected to be higher.

Both BME students and students at site A were more likely to consider what was said in college as an influence on first post. This finding has implications both for the effectiveness of career guidance in HEIs and for the type of individual providing it to different groups of students.

Chapter 9: Career management and development

9.1 Introduction

This chapter reports on findings related to the experience of career guidance among the respondents. Guidance in relation to both first post and future career is reported, along with the level of satisfaction with the guidance received and the respondent’s views of whose responsibility career guidance should be. The provision of guidance is an organisational influence on student’s career decision making but an individual influence is also apparent in views of responsibility for ensuring students receive guidance.

9.2 Career guidance on first post

Specific guidance regarding choice of first post was the topic of several questions. The first of these was whether the respondents felt that they had enough guidance regarding their first post. As indicated in Table 9.1, only 28% of students reported that they had enough or more than enough career guidance regarding their first post. Perhaps more importantly 44% reported they had not had enough and 23% said that they had had none at all but would have liked some. A small percentage (4%) reported that they did not want any guidance but this equated to only 12 students. Therefore, the majority (67%), appeared unhappy with career guidance provision.

Table 9.1 Guidance regarding first post

	Frequency	Percentage %
More than enough	18	6
The right amount	62	22
Not enough	124	44
None at all and did not want any	12	4
None at all but would have liked some	64	23
Total	280	100
Missing data	4	

The students were then asked about the source of guidance that they had received. The most common source of guidance was from a course teacher, often as part of

another teaching session (Table 9.2). The next most common source of guidance (26%) was in a group setting with another course teacher.

Table 9.2 Sources of guidance on first post in a group setting

	Frequency	Percentage %
Course teacher	107	38
Another teacher	73	26
Careers officer	55	19
Nurse manager	53	19
Ward Manager	46	16
Personnel officer	38	13

Career guidance regarding first post was also given on a one-to-one basis; the most common source of guidance was the ward manager (Table 9.3).

Table 9.3 Sources of guidance on first post on a one-to-one basis

	Frequency	Percentage %
Ward Manager	74	26
Course teacher	38	13
Another teacher	35	12
Nurse manager	48	17
Personnel officer	29	10
Careers officer	21	7

9.3 Career guidance on future career

As well as questions relating to guidance regarding choice of first post, students were also asked about the guidance they received regarding their future longer-term career, (Table 9.4).

Table 9.4 Guidance regarding longer- term career

	Frequency	Percentage %
More than enough	34	12
The right amount	68	24
Not enough	119	42
None at all and did not want any	8	3
None at all but would have liked some	51	18
Total	280	100
Missing data	4	

The figures are broadly similar to those regarding choice of first post; 36% reporting that they had enough or more than enough guidance as opposed to 28% for guidance on first post. The figures for reporting that respondents had not had enough guidance were similar for both first post and longer term career (42% as opposed to 44%). The sources of the guidance received regarding longer term career guidance in a group setting is reported in Table 9.5

Table 9.5 Sources of guidance on long-term career in a group setting

	Frequency	Percentage %
Course teacher	104	37
Another teacher	27	28
Ward Manager	56	20
Nurse manager	47	17
Personnel officer	47	17
Careers officer	45	16

As can be seen the course teacher and other teachers appeared to be the most common sources of guidance in relation to longer-term career planning.

However, Table 9.6 illustrates a difference in terms of longer-term career guidance on a one-to-one basis. While the ward manager remains an important source of guidance (21%), the nurse manager is also a common source of guidance with 21% of students receiving guidance from this source. It is of note that in all Tables the careers officer and personnel officer are the most infrequent sources of guidance.

Table 9.6 Sources of guidance on longer-term career on a one to one basis

	Frequency	Percentage %
Nurse manager	60	21
Ward Manager	59	21
Course teacher	50	18
Another teacher	35	12
Personnel officer	23	8
Careers officer	20	7

9.4 Type of guidance

Questions related to the type of guidance received by students indicated that formal guidance, written or part of a planned guidance session, was less commonly seen than informal guidance. The latter was defined as information/advice given in the course of a session on another subject or corridor meetings. Results are presented in Tables 9.7 and 9.8.

Table 9.7 Formal guidance received

	Frequency	Percentage %
Yes	105	38
No	173	61
Total	278	100

Table 9.8 Informal guidance received

	Frequency	Percentage %
Yes	128	45
No	150	53
Total	278	100

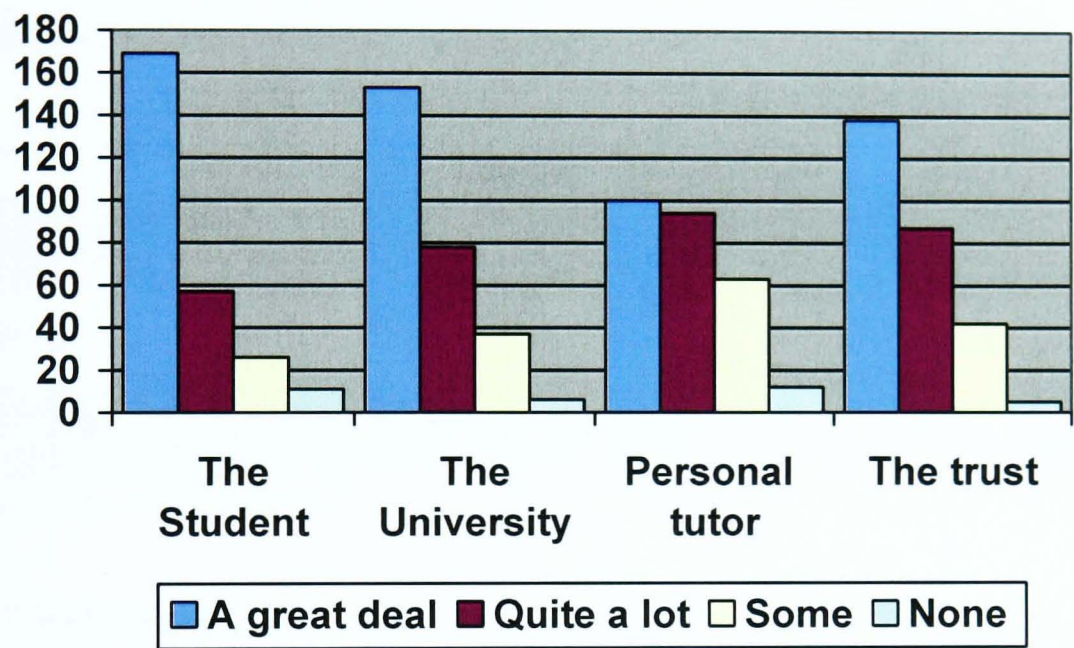
Of the students who received career guidance regarding first post, formal guidance was received by 38% and informal guidance by 45%. Of those who received guidance, 28% in a group setting and 25% on a one-to-one basis found that it helped them to plan their decisions more clearly. However 18% of those receiving guidance in a group setting and 9% in a one-to-one setting, reported that it had no effect and 15% in a group setting and 6% on a one-to-one basis found it unhelpful.

9.5 Responsibility for career guidance

Respondents were asked to consider who should be responsible for career guidance in terms of the university, the trust (employer), the student themselves and the personal tutor.

As can be seen (Figure 9.1), respondents considered the university and trust to have responsibility for career guidance, while the personal tutor was less likely to be seen as responsible. It is notable that the students themselves were seen as having most responsibility.

Figure 9.1 Numbers of students responding to question of responsibility for career guidance



9.6 Relationships between ethnicity and views of responsibility for career guidance

Differences regarding the responsibility for career guidance emerged between the different ethnic groups. As can be seen in Table 9.9, BME students were less likely than white students to see the student as having a great deal of responsibility for their career. Conversely, the personal tutor was seen as having more responsibility in their view (Table 9.10). It should be noted however, that over 90% of all respondents perceived the student as having some degree of responsibility.

Table 9.9 Ethnicity and views about responsibilities of students for their career

		a great deal	quite a lot	some	None	Total
BME	Frequency	61	23	20	7	111
	Percentage	55%	21%	18%	6%	100%
WHITE	Frequency	103	34	5	3	141
	Percentage	71%	23%	3%	2%	100%
TOTAL	Frequency	164	57	25	10	256
	Percentage	64%	22%	10%	4%	100%

$\chi^2=19.3$, $df=3$, $p=0.001$

Table 9.10 Ethnicity and views about responsibilities of personal tutors for their career

		a great deal	quite a lot	some	None	Total
BME	Frequency	60	35	18	3	116
	Percentage	52%	30%	15%	2%	100%
WHITE	Frequency	36	59	42	9	146
	Percentage	25%	40%	29%	6%	100%
TOTAL	Frequency	96	94	60	12	262
	Percentage	36%	36%	23%	4%	100%

$\chi^2=21.6$, $df=3$, $p=0.001$

9.7 Relationships between university site and views about responsibility for career guidance

There were differences between university sites in terms of specific sources of guidance on first post. Respondents at site C, both from the diploma and degree programmes, were more likely to access guidance from a personnel officer (Table 9.11).

Table 9.11 University site and personnel officer as source of guidance on first post

University site		yes	no reply	Total
A	Frequency	8	103	111
	percentage	7%	93%	100%
B	Frequency	9	82	91
	Percentage	10%	90%	100%
C	Frequency	21	60	81
	Percentage	26%	74%	100%
TOTAL	Frequency	38	245	283
	Percentage	13%	87%	100%

$\chi^2=16.9$, $df= 4$, $p=0.001$

A final finding demonstrated in Table 9.12, was that students at site A were more likely to perceive what was *said in college* as having an influence on choice of first post. Over 90% of students at site A stated they felt what was said at university had some or a strong influence. This is opposed to fewer than 70% at site B.

Table 9.12 University site and what was *said in college* as an influence on first post

University site		strong influence	some influence	no influence	Total
A	Frequency	14	75	22	111
	Percentage	13%	68%	20%	100%
B	Frequency	18	33	36	87
	Percentage	21%	38%	41%	100%
C	Frequency	18	40	19	77
	Percentage	23%	52%	25%	100%
TOTAL	Frequency	50	148	77	275
	Percentage	18%	54%	28%	100%

$\chi^2=19.9, df= 4, p=0.001$

9.8 Implications of findings on career guidance

The findings in this chapter suggest that the provision of career guidance for both first post and longer term career is not provided for the majority of students. At the organisational level of influence depicted in the conceptual framework (Figure 4.1), this would seem to be an important way in which career decisions may be influenced. The study found that 15% in a group setting and 6% on a one to one basis found it actually to be unhelpful. Thus not only is career guidance not being provided but at present what little is provided seems less than effective. This confirms the results of previous studies regarding the absence of career guidance for student nurses (Section 3.6), but also indicates that this is also true specifically in the case of choice of first post. This finding would appear to indicate a potentially important influence on decision making at several layers of influence as outlined within the conceptual framework. At the individual level, the lack of guidance may play a part in the making of uniformed decisions. At the organisational level, this would seem to be a missed opportunity to play a part in the career development process that has been deemed important, (Chapter 2.4). At the national or macro

level, the systematic lack of career guidance for such a large number of potential staff would seem a missed opportunity in terms of workforce planning.

It is also of note that the students themselves see responsibility for career choice as applying to themselves as well as the university and host trust. This is in line with the increasing emphasis on self- responsibility for career development as indicated in the general literature on career. The personal tutor seems a less likely source of career guidance than might be expected. There is a movement towards individual responsibility for career decisions (Chapter 2.4), This may in turn mean a change in the relative importance of the different levels considered within Figure 4.1.

The findings also show that there is again variation in the findings with regard to ethnicity, programme and university site. The next chapter discusses the findings from the study in relation to the study aims.

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Chapter10: Implications of the study for policy and the development of the Donner and Wheeler model

Introduction 10.1

This chapter will consider the location of the findings within the levels indicated within the framework and use this discussion to inform how the findings contribute to the development of the Donner and Wheeler model and the literature on career. An overarching factor that will effect the implications of this study in relation to changes in policy is the way in which policy itself is developed. The development of policy does relates to the conceptual framework for the study in that it occurs at the macro or national level and at organisational level. While the individuals do not make policy their actions are likely to be influenced by it. At national level, policy such as *Modernising nursing careers* (DOH 2006) and *A high quality workforce: NHS Next Stage review* (DOH 2008) suggest changes that require career development for the nursing workforce. For example if nurses are to “grow in place” rather than move around different employing trusts then this has implications for how their careers are supported. On an organisational level, within universities local policy needs to recognise that career development is an integral part of preparing the workforce to provide high quality care as advocated by the Darzi review described in Chapter 1. The need for career development must also be seen as a priority by employing trusts for similar reasons and their joint responsibility for it goes hand in hand with the review. The study identifies a complex set of potential influences on career choice and development but in order for them to be addressed at the individual level, the relevant organisational and national influences must be taken into account.

10.2 The Individual level of influence

As described in the conceptual framework for this study in Chapter 4, the possible influences on choice within career decision making are seen to arise from three levels, the individual, the organisational and the macro or societal. As

shown in Figure 4.1, it was anticipated that some decisions may be influenced by several or all of the levels described. In this section however the influences on decision making that arise mainly at the individual level will be discussed.

10.2.1 Demographic profile

Perhaps the most obvious individual influence on decision making will be those factors that are not changed by outside influences, primarily demographic characteristics such as age, gender and ethnicity. There were only 19 (7%) male responders to the questionnaire. This meant that the study was not able to contribute to the literature on the effect of gender on career choices within nursing and about first post specifically. This is lower than the figure of 8.6% accepted onto adult branch programmes in the UK in 2004 (NMAS 2008). The numbers were too small to test for statistical significance, but no differences in response were noted. The students from the diploma and degree programmes differed statistically in terms of their ages. Diploma students tend to be older (Clinton *et al* 2004). Within this study, diploma students were older and often had come from other occupations or had started nursing later in life. A number of authors e.g. Arnold and Jackson (1997); Arthur and Rousseau (1996); and Adamson *et al* (1998) report the changing nature of career and support the suggestion that those who had previously been in a “job for life” may now be seeking a career change, sometimes to a completely different career pathway. Older students may well have been exposed to other views of career development in previous employment, or at least have been exposed to an environment where the concept of career was different to that which exists today. They may also have been employed in previous occupations that were seen as a “job” rather than a career. The influences on choice are therefore complex. Potentially, previous occupation and career advice may influence subsequent career pathways. It is difficult to see how this potential difference may be taken forward from an organisational planning perspective. It would be unlawful to target a particular age group to recruit for example. The study’s finding does have utility for the individual student however. As with other potential influences, an awareness of how the individual level of influence may “bias” choice of career is important. With the changing demographic profile of

the country as a whole, career development models that meet the needs of the “widening participation” agenda are vital. Research has drawn attention to the potential impact on career development of stereotypical views about the usual age for career entry (Chandler and Cram 2007, Prasad *et al* 2007). The profile of respondents in this study indicates that age and previous experience are important issues to be taken into account in the development of career development model for nursing.

10.2.2 The effects of ethnicity.

As can be seen in Table 6.3, the majority of students were either of White British or African or other black origin. The small numbers from other ethnic groups made further analysis of responses problematic (as discussed in Section 4.7) BME students included all students not of white origin. Although the literature regarding the experiences of BME nursing staff is relatively large, the focus has not been on choice of first post and although Bhagat (1999) looked at factors influencing career choice this was among immigrants. There were significant differences in responses from the BME students. The implications of these will be discussed in the subsequent sections of this chapter. The reasons behind these differences are unclear but nonetheless important to consider as they are the major differences in terms of demographic factors. Although the influences associated with ethnicity are described, the study did not investigate whether these derived from the socialisation inherent within culture or the socialisation that may be associated with other aspects of ethnicity. Although ethnicity is an example of an individual level influence, it may also be seen as a macro level influence. This complexity of influence will be addressed in Section 10.3.

10.2.3 Length of time in employment

Most students had worked before commencing the course (Table 6.6). The periods of employment ranged from 1 to 46 years. The mean length time was 8.2 years and the median 6 years. Although this period of employment may have included prior experience of career guidance, there was no difference in response to this factor, between those who had worked and those with no previous work experience. This

finding is perhaps surprising as it may be hypothesised that previous experience of career guidance may have influenced responses. Type of employment rather than its duration may play a more significant part in influencing responses. This question was not asked however. It may be that employment in part-time or casual work in areas such as bar work did not necessitate the need for career advice. If career planning from an organisational perspective sees more mature workers entering the profession then the role of previous work experience will need further study. Although there has been an emphasis on widening participation within pre registration education in nursing, the implications of these have not been addressed in terms of the need for career guidance. While experience gained before entering nursing may add to the individuals contribution in terms of maturity for example, it may also be accompanied by potentially biased preconceptions in terms of the perception of career. As well as the need for extra resources generally this extra expense will need to be factored into the costs of educating students or it may not be addressed.

10.2.4 Different concepts of career among student nurses

From the general careers literature, (Arthur *et al* 1994, Arnold 1997 and Schein 2004) it is clear that the concept of career is changing; this is reflected in nursing by a change from the traditional career characterised in the past by the need to move out of practice to gain promotion and higher status. This study adds to this as, although approximately the same number of students associated the male gender with the concept of career as female, there were some significant differences between student groups. BME students were more likely to associate the word male with career, suggesting perhaps a more traditional view of career. This means that the increasingly non traditional view of career both within and outside nursing may create different needs in terms of the application of a career development model depending on ethnicity. From an individual perspective, the model needs to allow for each study to be aware of possible preconceptions around career decisions that may arise from their ethnicity.

The findings indicate that there is a strong perceived association with the idea that there is a specific role that a person with a career plays which presumably some one

without a career does not. The majority of students (97%) link the concept of being a career professional with being a manager. This may certainly have an influence on choice of career and may well be linked with the effect of status as a concept associated with career. The latter was less powerful than anticipated, 75% of respondents associated status with career. With virtually all of the respondents linking a managerial role with the concept of career it must follow that this is a major influence on individuals decisions if they wish for a “successful career”. The association was not found previously within the literature and its inclusion within the decision making process is important.

Both vocation and high pay (Tables 7.7 and 7.8) were equally associated with concept of a career. These factors could be argued to be mutually exclusive as having a vocation as a driving force may not always be associated with monetary reward. This may be an indication of the, at times, conflicting views of career held by respondents which may mean that the effect of these influences is difficult to predict. This in part may arise from the more widespread confusion of nursing within society. On the one hand nurses are seen as “angels” whilst also seen as sexual objects within some parts of society. Although this study indicates the need for awareness of different concepts of career and their effects on individuals, a wider issue in terms of career planning in nursing is the need to decide if nursing is a career equivalent to the law or medicine, or is it seen as more of a vocation. The effects of this on both organisational and individual planning cannot be underestimated.

10.2.5 Nursing as a career

Respondents were asked to consider nursing as a specific example of career. A majority of students (94%) reported that nursing was a career as opposed to a job (31%). However, 87% reported that it is both a career and a job and students felt that nursing was not like other occupations. This would seem to support the need for specific models of career development for nursing as opposed to using more generic models. The fact that nursing is seen as a career is also important to students in terms of choosing nursing as a study choice at university with 87% considering this when making their choice of university subject. This would indicate that the concept

of career is not only an influence on career development at the stage of choosing a first post but also at the beginning of the course. A model of career planning and development which is applicable at all phases of a career would seem therefore to be desirable. There is a tension between nursing being seen as different in some ways as a career. In some ways, to benefit from the literature and developments made in the field of generic career theory, nursing needs to be seen as an equivalent career option to other careers. It competes with those careers to attract high quality people and will need to take into account for example the changes in psychological contacts seen outside of nursing. On the other hand as has been noted earlier in the chapter, there is a certain amount of inconsistency as to how nurses and nursing are seen within society. While the literature has begun to acknowledge this, career development models can only be effective when it has people in place to develop. From a policy perspective career planning and development should actually begin not on qualification or indeed on entry to education but before that to encourage individuals to apply.

10.2.6 Individual ideas about first speciality.

As seen in Table 7.16, most students had a definite or some idea regarding the speciality in which they wished to work, indicating that some decision making regarding this aspect of career choice had occurred. Only a small percentage (4%) had no thoughts regarding where they should work. There was, however, a good deal of variation regarding which speciality would be the one of first choice for students. Ford and McCormack (2000) investigated the effect of status on choosing specifically to work with older people; however, the effect of status on choice of first speciality has not been a focus for study. The most popular speciality was Accident and Emergency, followed by general surgery (32 % definitely), and cardiology (27% definitely), as popular choices. It is perhaps not altogether surprising that these specialities are the most popular. In the case of Accident and Emergency, this may be seen as an interesting or even glamorous area. Other areas which might have been anticipated as popular, such as Intensive care, did not emerge as such. In fact, as an influence on choice of first speciality, only 25% of students felt that status was a strong influence on their choice. While it had some influence for a further 48%, this is still less than other factors such as prospects

within the specialty. It is of note, however, that BME students were more likely to see the status of a speciality as an influencing factor. This was also the case in both the balance of the staff gender within the speciality and the balance of the patient's gender. There is no obvious reason why community and general medicine are more popular choices although it would seem likely that the balance of staff gender in community is weighted towards female staff. There may also be an intention among some students to return "home" to nurse at some point in their career. This may be to an area where healthcare is more community or less "high tech", or where factors pose particular challenges that need to be met (such as HIV/Aids). This finding illustrates the need for a tailored programme of career development addressing the needs of this specific group. It also poses challenges to organisations seeking to grow staff in place for long term career planning as they may not in fact stay.

The least popular speciality was Ophthalmology in which only eight students reported that they would definitely consider working in this area with only 30% expressing a possibility. This is an area in which only a few students are likely to have been placed during their programme, and perhaps reflecting the influence of what they have seen in practice in terms of choice of first speciality. Interestingly, 74% of students would definitely or possibly consider working within a community setting. This would seem consistent with the drive to develop community based services. All students would have undertaken a community placement during the course, although this may well have varied in type. In terms of influences on views of career development, it should be noted perhaps that it is not only the existence of a placement that needs to be considered but also its type. A career development model may need to consider the specific placements a student has during their programme and the influences this experience may have on choice. The alternative would be to ensure all students have similar placements. Placements are often difficult to arrange and to ensure complete equity may be very difficult.

Another finding relates to the possibility of working within the prison healthcare service. Nearly half (44%) of students stated that there was either a definite or possible chance of working within this area, amounting to 122 potential band 5 nurses. This finding would seem to support the idea that there is an increasing flexibility in views about nursing career, in this case, working outside the NHS.

A further factor emerging as having an influence on choice of speciality was the religion of the student. While it is a strong influence for only 7% of students, it has some influence for a further 14% making a total of 21% of students for whom their religion has a part to play in their career choice. Similar findings emerged for the effects of the student's own culture, where BME students were more likely to see this as a strong influence. It is unclear which aspects of religion have influence, and no specific religion was identified in the survey. Nonetheless, this influence is perhaps predetermined and outside any existing framework for career development.

10.2.7 Individual ideas about first post

While only a very few students had no thoughts regarding their first post (Table 8.1), it is of note that less than half (48%) had given a great deal of thought to their first post at the time of the study. This was despite the fact that the majority of students were within six to eight months of qualification. This is surprising, particularly in view of the employment situation at the time of the study which meant that nationally, many students were not obtaining positions. The students may well have either not mentally engaged with this issue or perhaps felt that it was not an issue they themselves faced. This supports the need for a systematic and informed consideration of this stage of career development and supports the need for a model of career development to specifically address the choice of first post. The study also supports the need for a career development model to highlight the importance of career decision making as well as the potential influences that may influence those decisions. If the relative lack of thought regarding decisions at this stage of career is a guide, the importance of planning a career has not transferred from the trends in career development in other professions. This is supported by another set of findings within the study relating to first post highlighting the need for a systematic approach. Twenty percent of students had a specific post in mind. A further 34% had a number of areas in mind which means that over half (53%) of students had a clear view of where they wish to start their career. Again, in view of the volatile employment situation at the time of the study, this was a high figure. This study found that to an extent, the students could be seen as inflexible in that they had a specific post in mind. This would need to be considered in relation to organisation

and planning and influences on career development which is addressed in the Section 10.3.

10.2.8 The effect of morale on choice of speciality

Morale was a slightly more important factor than the student's experience of the speciality, with 91% of students stating that morale in the workplace had some or a strong influence on their choice of speciality. The standards of care within the speciality also had a part to play with 89% of students stating this had some or a strong influence. Interestingly, it was a strong influence for only 42% as opposed to 65% for morale with which it is assumed to link. This finding is important in terms of the individual influences on career choice within nursing. Although the literature indicated the part that experience and clinical exposure may play in career decisions, the concept of morale has not been addressed. Work has been done on the role of emotion within career decision making, (Kidd 1998 and Khapova 2007). The creation of a state of high morale in a workplace may be based on many factors, but the reaction to it by students falls under the umbrella of emotional factors within career decisions making as envisaged by Kidd (1998). Although the morale in a prospective area of employment might be seen as an organisational influence, it is included at the individual level of influence in the conceptual framework as, it is the individual's response to the morale in an area that is the real influence. As can be seen from Table 7.17, morale is a factor that needs to be addressed within any career development framework as a major influence.

10.3 Organisational influences

10.3.1 Programme of study

Two thirds of respondents were undertaking the diploma programme, there were no significant differences noted in terms of engagement with career development in the study. In previous studies e.g. Robinson *et al* (2003), diplomats received significantly more guidance regarding job availability and CV writing, while graduates received more information regarding working outside the NHS.

Curriculum changes occurring since this study and a different employment environment may explain this difference. There is a move towards an all graduate education for nurses in the UK and so there is a need to ensure that what is at present available as support in decision making for diplomates, to be available to those undertaking the degree programme. This study indicates that there is equity in provision and so this is not a factor. In addition, as exposure to practice, seen as the major influence on choice of first post, is the same for both diplomates and graduates, programme would not seem to be an influencing factor.

10.3.2 Morale and standards of care as organisational influences

As has been indicated in Section 10.2.8, the data relating to influences on choice of speciality highlighted that the main influence was the state of morale in the speciality (Table 7.17). Studies indicate the importance of speciality in the choice of career, (see Chapter 3.3), but the issue of morale has not been addressed in these studies. The fact that morale is the single most important influence, suggests the need for further research in this area. Although reaction to morale on the part of the individual is an important influence, looking at the effects from an organisational perspective is also important. How an organisation facilitates or improves morale may play an important part in recruiting or retaining staff. The expressed aims of this study relate to the development of career development models by looking at potential influences that need to be considered when students make career choices. The aims also look at responsibility for career planning and in this regard the study adds a new insight. There are two organisations within this situation, the potential employer and the HEI educating the student. The employing organisation needs to see morale as a potential influence but the HEI needs to consider morale in an area when assessing that area as suitable for practice education. It does not do that in the geographical areas in which this study took place. Educational quality should not just mean that there are learning opportunities, but also that the area facilitates a future career in nursing. The “measurement” of morale plays a part in this.

The standards of care within the speciality also had a part to play with 89% of students stating this as having some or a strong influence. This factor is less important than morale which is perhaps surprising given that it is the standard of

care that has been the focus for improvement within trusts. While this is undoubtedly appropriate for areas that have difficulty recruiting students, this has implications for recruitment strategies as raising standards alone would not seem to be sufficient to attract applicants. Standards of care too, need to be seen by the HEI involved as an indicator of a good learning environment. But more importantly, both the presence of high standards of care and of a high morale, are indicators of an area that supports a future nursing career as well as just a good learning environment. This aspect of quality review for placement areas, merits further consideration as it adds another dimension to the definition of quality. It is unclear as to how much this dimension of quality is presently used to audit an area for student nurse placements.

10.3.3 Prospects within an speciality

Another important influence on choice of speciality was the prospects offered to the student by that speciality. Prospects were not defined in the questionnaire, but were seen during pilot work to refer to promotion and flexibility of employment. This again has implications at the organisational level in terms of recruitment.

10.3.4 Experiences outside of the programme

A further influence on choice of specialty was the effects of experiences outside the programme. (69% suggesting this had some or a strong influence on choice of specialty). Previous studies, including Wiesner *et al* (2003) and Greenwood and Bithell (2005), have looked at the effects of influences prior to the course but was in relation to entry into nursing not choice of first specialty. From the pilot phase, outside experience was understood to mean agency/bank nursing. Although less important than experience during the course, it is still of major importance. Again, these influences are not under the direct control of either the trusts or universities which means that they are unable to “control” the career development process. It does, however, support the idea of more “self management of career” as the student themselves control their outside experiences.

10.3.5 College and practice influences on first post

A number of possible influences have been identified in the literature e.g. Happell and Rushworth (2000); Pearcey and Elliot (2004); Goldacre and Lambert (2000); and Vanhanan and Janhonen (2000). In this study, the possible influences have been considered specifically in relation to choice of first post. In the study, the respondents were asked to rate how far they had ideas about their first post in terms of several different factors namely; the speciality of their first post; its geographical location; and whether it was their preference to be in a hospital or community setting. Findings show that 50% of students had a definite idea about the speciality of their intended first post. The choice of a speciality is a major decision point in the career development process. It may potentially lock a student in to that speciality. This trend may be emphasised by the current objective of the NHS to “grow staff” in post. Serious consideration to this decision would therefore seem essential, by all those involved in workforce planning. At present there seem to be several factors influencing which speciality is chosen for first post. In this study respondents were asked to rate a number of influences on their decisions. Viewing the first speciality as a stepping-stone in their future career and whether or not they actually enjoyed working in that speciality, were the most likely influences (Table 8.6). The fact that large numbers of students saw the need for a stepping-stone is highly relevant and indicates that the concept of career development is one with which they are familiar. The study suggests that there is a need for a more organised and informed approach by organisations in order to address this particular influence.

The use of rotation programmes has been seen as one way of organisations developing nurses’ careers. Respondents were asked if the possibility of undertaking rotation placements within the speciality was a factor in their choice. Only 29% of respondents stated that this was a strong influence on choice. This illustrates perhaps the need to ascertain the student’s perception of the ideal career rather than imposing an external view. If organisations do not find out student perceptions then any developments in terms of career guidance are likely to fail.

A major influence on choice of first post is what was seen in practice (Table 8.9). This has been well documented within the literature (Happell and Rushworth 2000

and Pearcey and Elliot 2004). It is of note that not only was it the strongest influence, but that 97 % of students agreed that it had at least some influence. What was said in college (18% strong influence), was seen as less important as what was said in practice (26% strong influence). The findings from this study are relevant, not only for the origin of career development information, but also potentially for the physical location of its provision. The consideration of the information content provided by use of any model must be balanced by a consideration of its practical implementation.

10.3.6 Relationship between perceptions of college information and ethnicity, different programmes and study sites

An important area of findings relate to the fact that BME students were more likely than white students to consider what was said in college as influential in terms of choice. The programme of study undertaken also has an influence on the respondents valuing what was said in college as an influence on first post. Diploma students were more likely to see what was said in college as a strong influence (24% as opposed to 7%). Analysis of the data indicated that ethnicity was the strongest determinant in how college information was perceived. Again, this is a factor that needs to be taken into account in perhaps tailoring career development information to individual needs. It is unclear from the study whether these findings were to do with how ethnic groups were valued, or had their needs addressed, within the organisations involved. Alternatively, it may be explained by pre existing attitudes to “authority” as represented by staff. A further finding was that students at site A were more likely (90%) to see what was said in college as being an influence on choice of first post. This is compared to under 70% at site B. This has obvious relevance to the potential site of career guidance and may mean that any model may have to take into account where and how career advice is given to students. This finding is more likely to be because of relationships within the organisation rather than as a result of pre existing or “macro” effects.

10.3.7 Intention to remain in nursing

A key aim of the study was to explore the perceived importance of first post within longer-term career plans of the respondents. A major influence on career development is whether the intention of the student is to continue a nursing career, or leave nursing at that point of qualification. Barron and West (2005) and Davey *et al* (2005) investigated retention in nursing; however, this was not in relation to leaving at the point of first qualification. Retention is a major challenge in workforce planning. It was clear from this study that the vast majority of students intended to work full time within nursing on completion of their programme (Table 7.13). There were no differences in this regard between the different HEIs or between the degree and diploma programmes. This is an important finding in an area where retention is also an important part of workforce planning. One fifth of students, however, stated that they were not intending to work full-time after completion. This seems a high proportion; however, it may be that the employment situation at the time of the study meant that the expectations of the students about obtaining a job were captured rather than their ideal long-term intentions.

An important finding is that only a small percentage of students stated that they were very unlikely to return to nursing if they did not get a job immediately. Although drop out rates during programmes of study are sometimes a cause for concern, at completion it appears that the programmes are able to retain the employment interests of students. The highest response was that this question did not apply to them. This would seem to contradict the notion that students were concerned about the availability of employment at the time of the study. There were no statistically significant differences between the three HEI's. There were some small differences between the HEIs in terms of for example intention to work with other healthcare professionals besides nursing. This varied from between 0% for HEI C to 7% in HEI B. Due to the small numbers of students who indicated this option (n=9) however, this was not statistically significant. It is not in the interest of employing organisations to suggest working elsewhere within the social or healthcare workforce. They after all contract for the services of the students after qualification as described in Chapter 1.3.2. An awareness of the potential influence of other career directions

may be useful in targeting career development so as to offer to students what it is that attracts them to other areas. The study raises awareness of the complexity of decision making about career and this indicates the need for a similarly complex and comprehensive response from organisations and could usefully be informed by the case made in the general careers literature about the need for comprehensive career systems (e.g. Baruch 1999, 2003). The study did not indicate such an approach at present.

10.3.8 Views and experiences of career guidance

Only 29% of students reported that they had enough or more than enough career guidance regarding first post (Table 9.1). Perhaps more importantly, 44% reported they had not had enough and 23% had none at all and would have valued such guidance. This indicated a desire for information regarding first post specifically and the lack of information may explain the relative lack of involvement in thinking about first post reported. For those students who had some career guidance within a group setting (often as part of another teaching session), the most common source of guidance was from a course teacher. This is important in view of the relative lack of impact of college based information as described in Section 8.5.

Career guidance regarding first post was also given on a one-to-one basis. The most common source of guidance on a one-to-one basis was however the ward manager, however, the respondents reported that what was said in practice was no more valued than what was said in college. Significant numbers of students received career guidance from ward managers, but it is unclear whether they themselves were prepared for this or indeed saw it as part of their role. If they are not prepared or have perhaps outdated views of career progression not reflecting current trends, then the students may be done a disservice.

Findings on guidance about choice of first post were, 28% felt they had enough or more than enough guidance on choice of first post as opposed to 36% for future career. Broadly similar figures felt that they had not had enough guidance (67% as opposed to 60%). The most common sources of guidance in relation to longer term

career are the course teacher and other course teacher; however, there is a difference in terms of longer term career guidance on a one-to-one basis. While the ward manager remains an important source of guidance (21% of students) the nurse manager is also a common source of guidance with 21% of students receiving guidance. Again the fact what was said in practice was far less of an influence than what was seen in practice needs to be considered when applying a model of career development.

Formal career guidance was received by 38% of students who received career guidance regarding first post as opposed to informal guidance which was received by 46%. However, 18% in a group setting and 9% in a one-to-one setting said it had no effect and 15% in a group setting and 6% on a one-to-one basis found it unhelpful. As with age, research has drawn attention to the potential impact that a person's ethnicity may have on their view about their own career development and the perceptions of others that may influence the career success of members of different ethnic groups (Sagus and Cunningham 2005, Prasad *et al* 2007). Findings from this study, highlighting differences between BME and other nursing students over preferred career directions and influences, suggest that knowledge of these are likely to be key in successful implementation of any career development and planning model. As has been indicated by previous work such as that Marsland (2004), career guidance is generally not effective within the pre-registration programme, and this seems to be confirmed in this study in relation to first post.

10.3.9 Views about responsibility for career guidance

One of the aims of the study was to ascertain the student's perception of the responsibility for career guidance. This was done in the light of the move towards more self responsibility for career development in general career literature. Students regarded the university and trusts as being equally responsible for career development, while the personal tutor, sometimes seen as a traditional source of advice, was seen as less important. The students see themselves as having most responsibility. This is in line with the increasing popularity of self- responsibility in career development as reported in the general literature on careers (Arthur and

Rousseau 1996; and Adamson *et al* 1998.) Nonetheless, the study did add data about the perception of a tripartite responsibility including the potential employer, the student and the university. This has potential implications for the location and organisation of career guidance. The practicality of having such a shared responsibility will need to be explored. In addition, with the education contactor/provider relationship between the employers and universities another layer of complexity is introduced. In this situation the student falls somewhat in the middle.

10.3.10 Ethnicity and career guidance

The study found a difference in relation to ethnicity as to the responsibility for career guidance as reported in table 9.7. BME students were less likely to regard students as having a great deal of responsibility for their own career. Conversely, the personal tutor was seen as having more responsibility. There were also differences in accessing information. Respondents at site C, both from the diploma and degree programme, were more likely to access guidance from personnel and career officers. It is of note, however, that they were not significantly more satisfied by their experiences, and the influence on choice were similar for other sites

While a number of authors, (Arnold 1997; Arnold and Johnson 1997; Arthur and Rousseau 1996, Adamson *et al* 1998) have investigated changing responsibility for career development, none have looked at student nurses to see if they follow workers in other careers in having changing view of responsibility for career development. Similarly there is a lack of literature considering the role of ethnicity within this process. Knowledge of this is likely to be key in successful implementation of any career development and planning model. This study adds to knowledge in this area.

10.4 The macro level of influence

Within Sections 10.1 and 10.2, a number of potential influences on career choice have been described. Notable among these have been the effects of morale, status, the modifying effects of ethnicity and the effects of factors outside of the nursing

experience. If morale is taken as an example, it can be seen that the response to a lack of morale in a potential new work area can be seen as an influencing factor at the “individual level”. The fact that a potential employing area has a low morale can readily be seen as an organisational influencing factor. One of the findings of the study was a realisation that a number of factors e.g. morale, can be present at all of the levels of influence as described in figure 4.1. Nationally, decisions may be taken that influence the morale of an entire organisation or indeed an entire country. The exact effects of the macro level of influence are more difficult to determine. As reported, community as a choice of first post was seen in some students. How far this was influenced by governmental decisions about future healthcare provision being increasingly community based is unclear; that decisions taken nationally will influence career choice is clear. From the study findings however, it is apparent that students are in the main not aware of their effects. As they are in the main filtered by the other levels of influence, this is not seen as an issue.

Ethnicity as a potential influence on choice would be another example of how an influence may be complex. As an individual, the student would have an image of themselves as a person with an ethnicity and form an individual view of themselves undertaking a career. Organisationally the way ethnicity is seen, both from a negative or positive perspective, will play a part in the career decision process. Finally, national decisions may be made, for example, about changing residency requirements which play a part in the development of career.

10.5 Implications of the findings about different levels of influence

Career development is an iterative process that requires nurses to understand the environment in which they live and work, assess their own strengths and limitations and validate that assessment, articulate their personal career vision, and develop a plan for the future that is realistic for them. It is a focused professional development strategy that helps nurses take greater responsibility for themselves and their careers and prepare for ever-changing health care systems and workplace environments.

The results of this study indicate that there are a series of influences, some internal and fixed such as ethnicity, and some external and possibly open to change such as

experience in practice during placements, which combine to potentially effect the student's choice of first post. These influences form part of the context in which models of career development should be developed. Moreover, the model needs to be sufficiently flexible for providers and recipients of advice to make its phases adaptable to the specific circumstances of individual students. The individual's views about the relative responsibilities of the university, trust and the individual may also influence the way in which the model is applied.

As previously described (Chapter 3.5) the Donner and Wheeler model has five phases, scanning, assessing, visioning, planning and marketing. Each of the phases of the models were examined in terms of where the new knowledge would have most use. Although a case might be made for all phases, it is in the assessing and visioning phases where the new knowledge adds most to the development of the model. Assessing (phase 2) is discussed in Section 10.5.1 and visioning in section 10.5.2. This is also shown as Figure 10.1. The study was based on the experiences and perceptions of adult students and while much of what follows may be applicable to students from all branches, there may, as Marsland (1996) argued, be issues which may differ by branch.

10.5.1 Contribution to phase 2: Assessing

Phase 2 of the model, assessing, is an important stage in career planning. A thorough self-assessment is the key to exploring new and previously unconsidered career opportunities. This enables nurses to identify their values, experiences, knowledge, strengths, and limitations and to combine these with the environmental scan to create a career vision and identify a direction in which to plan their future. A reality check allows the individual to seek feedback regarding one's strengths and limitations, while expanding one's view of themselves through reflecting on others' perspectives. At the end of Phase 2, the nurse has identified his/her strengths and limitations and has targeted areas that require further development.

In the chapter addressing the career needs of students, Donner and Wheeler note that this is an important phase. They do not comment on choice of first post and contend that students may be equipped to do this as "as you learn to plan and

develop nursing care, you also learn how to scan your client environment” (Donner and Wheeler 2004:95). They also note that to develop a career as a student you need to have a high degree of self-knowledge. They state that students may have an advantage in this regard as their curricula tend to encourage self-reflection although this may be variable in effectiveness. Reflection is a complex skill and as part of the reality check that forms part of it, any information about internal or external influences of career choice is useful, especially if these are not apparent to the students themselves. Donner and Wheeler also encourage students to learn from others such as faculty members and practitioners in order to create their self awareness. The consideration of the subjective career as outlined by Hughes (1958) and Arthur *et al* (2005), also needs to be part of the assessing phase, i.e. the students need to consider what career success would mean to them when planning their career.

While this phase may be a conscious scan of such influences existing around this area it is of note that ethnicity has a major influence on the decision making process. The religion of the student played a much stronger part in decision making among BME students. In addition, perceived status of a role played a more important part in decision making for these students. There is also a difference in terms of ethnicity over views of responsibility for career guidance. BME students are less likely to see the students as having a great deal of responsibility for their career. Conversely the personal tutor is seen as having more responsibility in their eyes. In terms of the model, an awareness of these factors may be useful in producing some additional trigger questions that may be given to students to gain a better understanding of how they are making decisions about their first post. If the student is encouraged to challenge their own decision making, then influences on decision making such as ethnicity may be better explored and considered.

Similarly the students from the diploma and degree programmes differ statistically in terms of their ages. Diploma students tended to be older and often had come from other occupations or had started nursing later in life. This may influence perceptions of self worth or value which should form part of a self assessment. Again supplementary questions may be constructed to check out if perceptions are being made purely on the basis of age or experience or whether these factors are playing

too great a part in choice. Phase 2 of the model also allows for a reality check: individuals can seek feedback regarding strengths and limitations, while expanding one's view of themselves through reflecting on others' perspectives. It is clear that the major influence on first post what was seen in practice. This will influence the reality check especially as only 29% of students felt that they had enough or more than enough career guidance regarding first post and this was broadly similar for longer term career decisions, this again has implications when considering external perspectives as part of the reality check.

10.5.2 Contributing to phase 3: Visioning

The other phase that the study adds to is phase 3 visioning. Once the nurse has determined a realistic and comprehensive picture of his/her personal values, beliefs, and skills, and examined these in the context of a completed scan, they is ready to think about career possibilities. This includes considering where they see themselves going, whether they like what they are currently doing (if it is a good fit with their personal life), and whether they wants to grow and develop within that role. Also, individuals are encouraged to consider what they have learned, whether they enjoy change and variety, and whether it may be time to move on to other challenges. Because their career vision of their potential future is grounded in their self-assessment, it is focused on what is possible and realistic for them, both in the short and the longer term. This phase does relate to the various influences on how people construct their identity, (Law *et al* 2002 state that identity development has long been seen as a cornerstone in career development). An individual's identity is a complex creation and may arise from a multitude of influences. Career success may form one of these as Sullivan and Crocitto (2007) suggest and therefore needs to be considered within this phase of the model.

At the end of Phase 3, the nurse describes an ideal career vision and begins to formulate some career goals. The study adds to longer term career goals the area of nursing in which the student may see themselves and looks at demographic influences which relate to how realistic are their career choices. The loss of traditional hierarchical paths of career, as suggested by Arthur and Rousseau (1996).

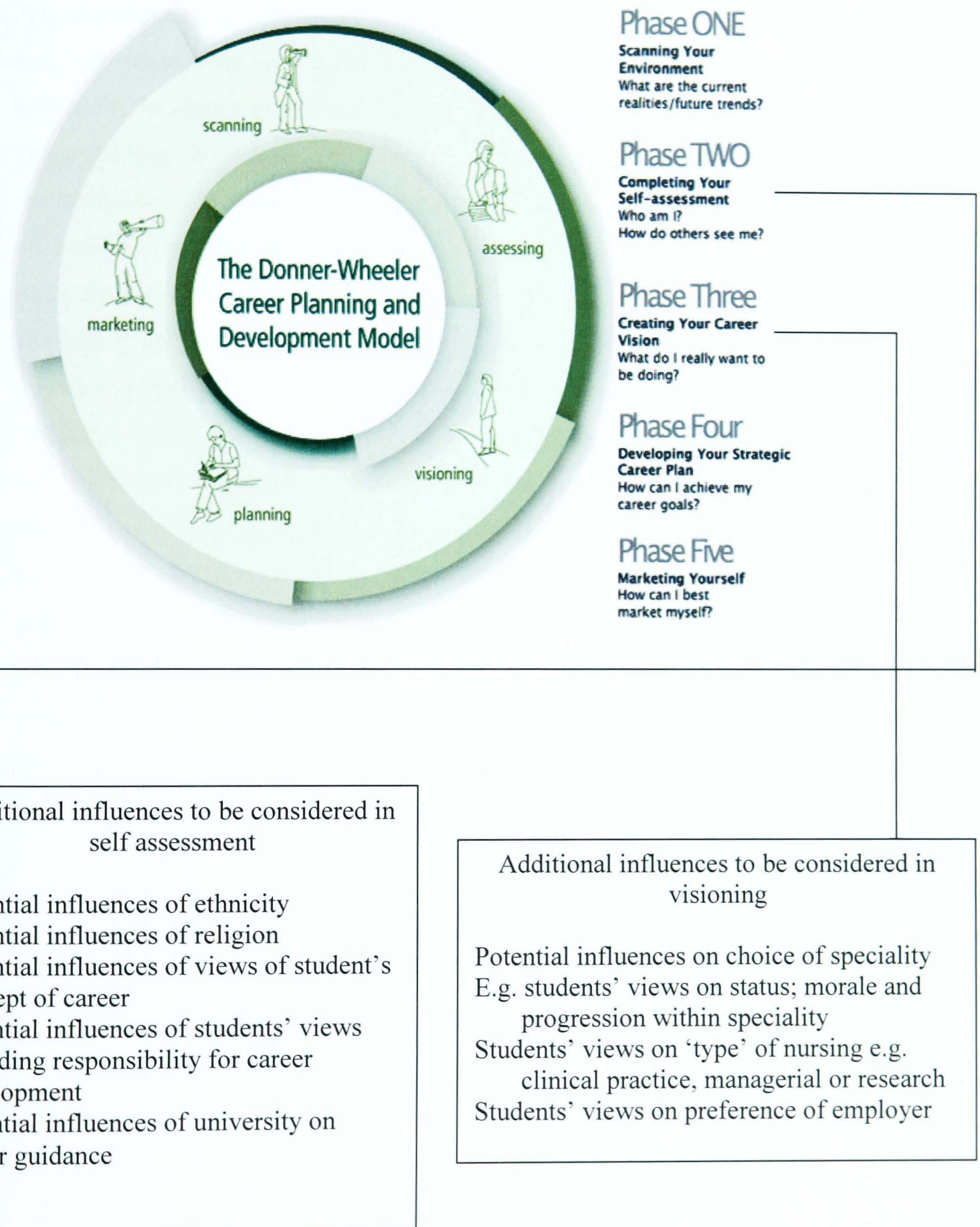
Ball (1997) and Marrelli (2006), means that both student and the line manager/educator responsible for guidance need to factor this in to this phase.

Most students had a definite or some idea about the specialty in which they would like to work. The small percentage (4%) who had no idea about where they should work indicated that some decision making regarding this aspect of career choice has occurred for the majority of students. This makes the acceptance of a model of career development more likely.

If such a large percentage of students have career choices made in terms of speciality this has a major impact on the utility of the model. As written the model does not assume that a choice of speciality has been made but in fact this does seem to have been the case. Students from a BME background were more likely to choose general medical and community as a first post specialty. These sorts of influences may also affect the utility of the model as choice of first post may be influenced by the speciality that it occurs in. This may already have been decided and would affect how the visioning phase takes place as it may preclude some longer-term career choices.

The model does not assume that nurses would be working with a specific type of employer. In this study, the largest response to which type of employer was preferred was in the “don’t mind” category, however, this does relate to only 38% of the respondents which still leaves 26% committed to the NHS as their first employer. While very few respondents are committed to non NHS employment exclusively, there are a large number who would not mind non NHS work. The type of employer is an important factor in career development in terms of its ethos, human resource policies and degree of opportunities provided and should be highlighted as a factor to consider. Finally in terms of a longer-term career plan, there was an indication that both research and managerial pathways were favored by BME students. This finding may be linked with those related to status. Encouraging BME students into areas where they have historically been underrepresented may prove difficult for many reasons but awareness of their interest in this area is an important finding.

Figure 10.1 An expanded Donner and Wheeler (2004) model of career planning and development.



10.5.3 Contribution to the wider debate about models of career development for nurses.

Any contribution to a specific model of career development in the UK, must now take place within the wider context of career planning for nurses described within the Modernising Nursing Career framework, (MNC),(DOH 2006). It is suggested that this study adds to the implementation of the second of the key recommendations in the MNC, that of to “update career pathways and career choices”. In particular the need to support career choices and to review educator roles for that support is informed by this study. The need to develop career navigation tools is recommended by MNC, and the revised Donner and Wheeler model may provide such a tool for students choosing their first post. Certainly it has been argued that individuals needs to develop career competencies for successful planning of their own careers (Ball 1997) and if responsibility is to be shared then a set of competencies in assisting this process needs be included in the role of designated service and educational personnel. Finally, the knowledge gained from this study may also provide a framework for considering the influences acting upon nurses at this stage of their career when developing a competent and flexible workforce, another of the recommendations of Modernising Nursing Careers, thus ensuring that the entry stage of a nursing career is recognised as an important transition point within current policy.

Chapter 11: Conclusions

11.1 Introduction

This chapter reviews various aspects of the study. Firstly the strengths and potential limitations of the study are discussed (Section 11.2). This is followed by consideration of the contribution of this study adds to both to theory and practice of career development (Section 11.3). Generalisability of the study findings to other Higher Education institutions are discussed (Section 11.4) and the chapter will conclude with recommendations for future research (Section 11.5).

11.2 Strengths and limitations

A strength of the study is that specific issues relating to choice of first post have not been investigated previously. In order to capture the range of influences that affect first choice and the experiences of students in planning their career the study used a specifically developed data collection instrument. As part of the study, the questionnaire was subject to extensive pilot work to ensure robustness of the final version. The choice of a questionnaire survey instrument meant that a large sample of students could be included and the choice of a questionnaire survey was seen to be appropriate for the type of data that was required.

A further strength of the study was that it was undertaken at three different Higher Education institutions. This meant that the population was varied and the contracting process within nurse education meant that a very large number of employing trusts had potentially influenced the career development process that the respondents experienced.

Few men responded to the study and so differences between male and female experiences and perceptions could not be investigated. Also, it would have been useful to divide the students of black origin so as to determine how many were UK born as opposed to African born students since there may have been a difference in their responses. African born students were however, in the majority. The original

rationale for the classification used was that it followed the British Attitudes Study classification system that has been previously used in studies relating to nursing careers and was produced by the National Centre for Social Research (2008) an independent non-profit research institute.

Because of the complexity involved in individual decision making and key influences, it was not possible within the study to determine which influences were the most important for individual students. The purpose of the study however, was to map potential influences and to look for patterns of association between them.

Undertaking additional qualitative exploration in order to determine more in depth knowledge of the reasons behind career choices and perhaps to expand knowledge relating the causes of the influences behind them was considered. The timescale of the doctorate however, meant that this was not possible. While not necessary for achieving the aims of the study, this may have yielded invaluable information relevant to career development processes. In addition, some aspects of the findings could have been further examined by post questionnaire interviews; for example. some of the cultural influences.

The response rate for the study is a key strength. For a questionnaire survey of this kind, an overall response rate of nearly 60% is seen as positive (Bowling 2002) and missing responses were minimal. This indicated that the extensive piloting of the instrument was successful. On reflection, the fact that students needed to answer all questions, despite a possible negative answer to the previous question, may have been a disadvantage. An attempt at “routing” where a negative response meant moving on to a later question may have been worthwhile. The fact that there was a lower response rate for diploma students also needs to be considered although there was no obvious reason for this and there is no reason to suppose a higher response rate would have yielded more significant information.

A significant strength was the relevance of the study to both the theory and practice of career development. More detail will be provided in Section 12.2 looking at contribution to knowledge and practice. However, at this point the relevance of the study to practice should be highlighted as a strength, as this is particularly relevant in

a thesis that has been undertaken as part of a professional doctorate. A final strength is the Chi-square statistical testing. This produced data highly suggestive of associations between the specific aspects of the data. The positive associations between the variables, adds strength to the conclusions drawn.

11.3 Contribution to knowledge and policy

While the literature review indicated that there are changing patterns of career within employment generally, this has not been reflected to any significant degree within nursing. Previous research e.g. Marsland (1998), indicated a lack of career guidance within pre-registration nursing. Internationally, the Donner and Wheeler 2004 model has provided a framework for career development in nursing. This study adds to the utility of the model in two ways, firstly by enhancing the utility to the individual use of the Donner and Wheeler model; and secondly by the use of the model for workforce planning on the part of the staff in Higher Education settings and employing trusts. The knowledge gained from the study breaks down into three key areas, namely: influences on choice of first post and speciality; concept of career and long- term goals and experience of career development. The first one of these areas add to the individual's experience of the Donner and Wheeler model, the second and third to the organisational use of the model.

Although there is a growing body of literature addressing both career and career guidance, there appears to be areas that are not well served by current research. Schein (2008), when addressing issues and dilemmas in current career research, argues that much research examines career outside the context of the organisation in which that career exists and does little to show an understanding of the organisational dynamics that influence the development of careers. This study, however, by involving organisational influences on career as well as personal factors, begins to address the contextualisation of career within specific organisations and shows how those organisations may influence career choices.

11.3.1 Contribution to the individual's use of the model

Firstly, in terms of the influences that may affect choice of first post and first speciality, the study adds knowledge in several ways. For those students who are aware of the influences when they complete their career self-assessment, publications from this study may allow them to consider if their concerns are shared by other students (thus validating their feelings). The enhanced model now specifically addresses the choice of first post, something which was not previously a major focus for the model. By facilitating the use of the Donner and Wheeler model from the beginning of a nurse's career, it may encourage the continued use of the model in the later stages of career. This will encourage a more structured, and perhaps more productive career development strategy. For students who are not aware of the strengths of certain influences on the student body as a whole, the study will allow them to reflect more completely as to whether those influences are having an unnoticed effect on them as individuals. During the process of self assessment, necessary as part of the use of the model, information about the differing views of career may facilitate a greater awareness of longer-term plans for students by providing a clear view of what a career may mean to them in the future. Finally, by addressing the decisions involved in the choice of first post, the transition to qualified nurse, which as described in Chapter 3.2 has been seen to be a potentially traumatic event, may be made somewhat easier for individual nurses.

11.3.2 Contribution to organisational use of the model

The use of the enhanced model is relevant to the organisations involved in career planning. Students see career development as a tripartite responsibility involving themselves, the employing trust and the higher education institutions. This has implications not only for the location of career development but also for who should be involved. Career development programmes will need to involve all of those seen as having a role to play in them. This may mean that it will not be a one off event but rather it will need to be a series of sessions addressing career decisions. The enhanced model will contribute to this process by providing a focus for the career planning discussions. For employing trusts this will mean that training in its use may be provided. If what is *seen in practice* and what is *said in practice*, is so powerful

in relation to career choice, then this will need to be taken into account by placement development managers and those involved in nurse recruitment. By using the model to map potential influences on choice, those areas requiring support to attract nurses may be identified. In Higher Education institutions, the use of the model will need to be integrated into their curricula. Whether this is as a separate stand alone event or in conjunction to appropriate subject content, such as professional development sessions, will need to be considered. The enhanced model will provide a framework for these sessions.

Findings from the study indicate that university-based formal career development or trust based career forums are not well received by students. What is *seen in practice* is regarded as having such a high value that the use of career mentoring or role modelling may be the best way to provide guidance. The differences between institutions in how career development was experienced may cause the organisational staff to reflect on their role. Sessions based around the use of the enhanced model provides an alternative structure that may be more acceptable to students than more formal events such as career forums. The use of the model individualises the process while benefiting organisational needs. How this process occurs will need to vary between organisations which have implications for the generalisability of the findings.

In terms of workforce planning, the enhanced model may contribute to a more informed choice on the part of individuals with effects on retention of staff in clinical areas. Its use may also provide a clearer idea of the range of students' intentions in relation to their first post which may aid those involved in workforce planning.

As has already been discussed, the questionnaire developed as part of the study was extensively piloted and refined. Feedback from students who undertook the study suggested that completing the questionnaire was in itself useful. For example, some of the specialities listed were ones that students had not considered as a first post for a variety of reasons and were therefore not part of the reality check that forms part of the Donner and Wheeler model. Also, completion of the questionnaire facilitated the reflection process that constitutes part of the model. The questionnaire and its

completion may be able to be adapted to become a part of the career development process by forming part of the model. Certain parts of it do seem to map to the five stages of the model. For example influences on choice mapped to Phase 2 “who am I” and longer-terms career goals with phase 3 “What do I really want to be doing”.

11.4 Implications for educational practice

The study was undertaken in three institutions in a specific geographical location. There were variations between them so a national survey may yield a potential variation in results. From that perspective, it would not be possible to generalise the findings from the study. However, although that may be the case for some aspects of the study it may not be the case for all. The overall outcomes for professional nurse education programmes are nationally determined and while there will be variations, the specialities involved will be the same. Similarly, while the identified influences may vary in importance, it is suggested that they will be similar.

The use of an adapted questionnaire as part of the career development process would also be possible in any location. While the results may be different, as has already been stated, it is anticipated that the various influences would be the same. Similarly, the findings from this study, which calls for the organisations involved to reflect upon current practice in career development, would also be applicable in any setting. The influences could be presented to students as part of the self awareness/ reality check section of the Donner and Wheeler model. The knowledge derived from the study will need to be utilised in different ways in different institutions to meet specific needs. In the case of the author’s own institution, the reality check section of the model could be introduced in the second year as part of a professional development theme. This may then be addressed again in the final year of the programme in joint sessions with the students’ host trust. At this time mapping of potential influences against the student’s own situation and the current employment situation can occur. In this way a more complete reflection of the students’ motivations and need for a first post can take place.

11.5 Future research

In terms of future research, an examination of why the respective influences are less or more important is recommended. In addition a more in-depth exploration of the influences which begins to investigate cause and effect rather than association would be a further development although difficult to undertake due to the complexity of the decision making process.

In order to test the extent to which the influences perceived by students affects choice of first post, a follow-up study of the students at six months and one year after qualification could be undertaken. Additionally, through reflection on early career progression the nurses could report on any support or guidance which in retrospect would have been useful. Finally, the augmented Donner and Wheeler model requires evaluation.

11.6 Summary

The study has increased understanding of the potential influences that may affect the choice of first post after qualification in nursing, a transition that is known to be potentially challenging for students. It has developed a specific instrument which can now be used in other studies in this area of research. The enhanced Donner and Wheeler model, now specifically addresses this key time of career change. It can be used by both individuals and organisations to provide a framework to improve the career development process. By involving students from three Higher Education institutions, and by achieving a high response rate, highly suggestive data regarding the influence of ethnicity on career development has added to the body of knowledge. Finally, the study adds to the knowledge of nurses and their careers at a time that this is becoming a major focus at a national level with the publication of *Modernising Nursing Careers* (DH 2006) and the realisation of the need to manage workforce planning more effectively.

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Appendix one Ethical approval

College Research Ethics Committee

Chairman:
Professor Anthea Tinker
Administrator:
Ms Maggie Newton

Room 7.21, James Clerk Maxwell Building
57 Waterloo Road
London SE1 8WA
Tel: 020 7848 4020
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University of London

Dr Sarah Robinson
Nursing Research Unit
King's College London
James Clerk Maxwell Building
57 Waterloo Road
London SE1 8WA

Monday 18th July 2005

Dear Dr Robinson

04/05-121 An investigation into the influences on choice of first post made by final year undergraduate student nurses

Thank you for submitting responses to our queries about the above application as requested by the College Research Ethics Committee.

I am happy to inform you that your application meets the requirements of the Committee, and can confirm that full approval is now granted. Please read the enclosed Notes for Investigators of Approved Projects and the college guidelines on record management. These can be found by accessing the KCL website at <http://www.kcl.ac.uk/depsta/iss/archives/recman/toolkit0.html> and reading Fact Sheet 15 'How to manage academic research records'. Please would you also note that we may, for the purposes of audit, contact you from time to time to ascertain the status of your research.

For your information ethical approval is granted for a period of two years, after which point you will be reminded to apply for an extension of approval if necessary, (please note however that a full re-application will not be required unless the protocol has changed).

We wish you every success with this work.

A handwritten signature in black ink, appearing to read 'Maggie Newton', with a long, sweeping horizontal line extending to the right.

Maggie Newton
Administrator
College Research Ethics Committee

c.c Allan Hicks

www.kcl.ac.uk



Allan Hicks,
School of Nursing & Midwifery,
James Clerk Maxwell Building,
57 Waterloo Road,
London
SE1 8WA

09 November 2005

Dear Mr. Hicks,

Research proposal: *an investigation into the influences on choice of first post made by final year undergraduate student nurses*

I refer to your letter of 26 October and write to inform you that the Chair of the University's Ethics Committee, Professor Chris Clare, has approved your proposal subject to development of a suitable questionnaire. Please contact Professor Clare directly with your proposed questionnaire.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Mark Harris", with a long, sweeping horizontal line extending from the end of the signature.

Mark Harris MA ACIS ACMI
Deputy University Secretary

c.c. Professor C. Clare



the
UNIVERSITY
of
GREENWICH

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James Clerk Maxwell Building
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Our Ref ChairsAction/RJO/RSOA
Date 20th October 2005

Dear Mr Hicks and Dr Robinson

Research Ethics Committee – Chair's Action

"An investigation into the influences on choice of first post made by final year undergraduates student nurses".

I am pleased to advise you that the Chair of the University's REC has approved your application.

I am advised by the Committee to remind you of the following points:

1. Your responsibility to notify the REC immediately of any information received by you, or of which you become aware, which would cast doubt upon, or alter, any information contained in the original application, or a later amendment, submitted to the REC and/or which would raise questions about the safety and/or continued conduct of the research.
2. The need to comply with the Data Protection Act
3. The need to comply, throughout the conduct of the study, with good research practice standards
4. The need to refer proposed amendments to the protocol to the REC for further review and to obtain REC approval thereto prior to implementation (except only in cases of emergency when the welfare of the subject is paramount).
5. You are authorised to present this University of Greenwich Research Ethics Committee letter of approval to outside bodies, e.g. LRECs, in support of any application for further research clearance.
6. The requirement to furnish the REC with details of the conclusion and outcome of the project, and to inform the REC should the research be discontinued. The Committee would prefer a concise summary of the conclusion and outcome of the project, which would fit no more than one side of A4 paper, please.
7. The desirability of including full details of the consent form in an appendix to your research, and of addressing specifically ethical issues in your methodological discussion.

On behalf of the Committee may I wish you success with your project.

Yours sincerely

Lynne Spencer
Executive Secretary, Research Ethics Committee



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APPENDIX 2

INFORMATION SHEET FOR PARTICIPANTS

REC Protocol Number04/05-121

We would like to invite you to participate in this research project. You should only participate if you want to; choosing not to take part will not disadvantage you in any way. Before you decide whether you want to take part, it is important for you to understand why the research is being done and what your participation will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. If you have any queries or need to contact anyone in relation to this study please contact Allan Hicks (020 7848 3527, e mail allan.hicks@kcl.ac.uk)

TITLE

An examination into the influences on choice of first post made by final year undergraduate student nurses.

A major choice now facing you is where to look for your first staff nurse post. The focus of this study is to look at what factors influence students when they are choosing their first post as a qualified nurse.

The aims of the study are to determine how some existing models of career management may be applicable to the choice of first staff nurse post; also to explore who should take responsibility for career planning at this stage of your career, you, the university or your future employing organisation. The study will look at what the term “career” means to student nurses in their final year of training. In addition, it will explore the influences on choice of personal factors such as age, and professional factors such as previous clinical placements and the perceived status of different nursing specialities.

The study will consist of a questionnaire survey of third year students at three universities providing pre-registration education. All of the findings from the study will be anonymised, so although the university site and the programme of study will be identifiable, it will not be possible to tell who you are from the completed questionnaires. All of the data will be stored securely and will only be seen by members of the research team. Students will be able to access the results of the study by the production of executive summaries or by accessing the completed doctorate in the KCL Library.

‘It is up to you to decide whether or not to take part. If you do decide to take part by returning the questionnaire, you will be given this information sheet to keep. If you decide to take part you are still free to withdraw at any time and without giving a reason. In the event of you suffering any adverse effects as a consequence of your participation in this study, you will be compensated through King’s College London’s ‘No Fault Compensation Scheme’.

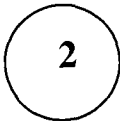
Appendix 3 Questionnaire

An examination into the influences on choice of first post
made by final year undergraduate student nurses

Allan Hicks

Throughout the questionnaire put A RING AROUND THE NUMBER
that corresponds to your answer unless other instructions are given

Example 1



QUESTION 1

Which ONE of the following best describes your intention after qualifying?

- 1 Obtain full time employment as a nurse
 - 2 Obtain an agency nursing post
 - 3 Obtain a bank post
 - 4 Start a full time nursing or healthcare course
 - 5 Obtain a part time nursing post
 - 6 Start employment in healthcare but not nursing
 - 7 Start work other than healthcare or nursing
 - 8 Start studying in a subject other than healthcare or nursing
 - 9 Nursing or healthcare work abroad
 - 10 Have a break
 - 11 Not sure
 - 12 Other (please give details)
-

QUESTION 2

If you are not going straight into a nursing job, how likely is it that you will return to nursing afterwards?

- 1 Very likely
- 2 Quite likely
- 3 Unlikely
- 4 Very unlikely
- 5 Unable to say at this stage
- 6 Doesn't apply to me

QUESTION 3

Which ONE of the following best describes how certain you are about which specialties you want to work in?

- 1 I have a definite idea about the specialties I want to work in.
- 2 I have some idea about the specialties I want to work in.
- 3 I have a vague idea about the specialties I want to work in.
- 4 I no idea about the specialties I want to work in.

QUESTION 4

For EACH of the specialities listed below ring the number that best corresponds to how you would feel about working in it.

Speciality	Definitely	Possibly	Definitely not	Not considered it
General medical	1	2	3	4
Cardiology	1	2	3	4
Renal	1	2	3	4
Haematology	1	2	3	4
Neurology	1	2	3	4
Sexual health	1	2	3	4
Oncology	1	2	3	4
Endocrine	1	2	3	4
Ophthalmology	1	2	3	4
General surgical	1	2	3	4
Cardio-thoracic	1	2	3	4
ENT	1	2	3	4
Orthopaedic	1	2	3	4
Elderly care (acute)	1	2	3	4
Elderly care (long term)	1	2	3	4
Community	1	2	3	4
Intermediate care	1	2	3	4
Accident and Emergency	1	2	3	4
High dependency	1	2	3	4
Prison nursing	1	2	3	4

QUESTION 5

How much influence would EACH of the following have on your thoughts on what speciality you would work in?

	Strong influence	Some influence	No influence	Not considered it
Perceived status	1	2	3	4
Prospects of promotion	1	2	3	4
Academic standards	1	2	3	4
Morale	1	2	3	4
Your perceived Role	1	2	3	4
The client group	1	2	3	4
The pay	1	2	3	4
The balance of patient's gender	1	2	3	4
The balance of the staff gender	1	2	3	4
Experience as a student	1	2	3	4
Experience outside nursing	1	2	3	4
Your ethnic group	1	2	3	4
Your religion	1	2	3	4
Your culture	1	2	3	4

Please use this space to comment on any of your answers if you wish.

QUESTION 6

a) For EACH of the areas of nursing listed below, please ring the number that best corresponds with how likely you would want to work in it.

Area of Nursing	Definitely	Possibly	Definitely not	Not considered it
Research	1	2	3	4
Clinical	1	2	3	4
Education	1	2	3	4
Management	1	2	3	4

b) For EACH of the of the areas for which you ringed definitely or possibly, please complete the table below to indicate reasons for your choice.

	Status	Financial reward	Long-term career	Other reason
Research	1	2	3	4
Clinical	1	2	3	4
Education	1	2	3	4
Management	1	2	3	4

If you answered "other reason" to question 6b, please give your reason

QUESTION 7

a) Which ONE of the following employing organisations, would you prefer to work in?

- 1 I would prefer to work only in the NHS
- 2 I prefer only to work outside the NHS
- 3 I would like to work in a mixture of both
- 4 I don't mind

b) Would you consider working in any of the following? Please ring all that apply.

- 1 Voluntary
- 2 Private
- 3 Not for profit
- 4 Charity
- 5 Armed services
- 6 Local authority
- 7 Other please specify

QUESTION 8

How much thought have you given to decisions about your first post?

- 1 A great deal
- 2 Quite a lot
- 3 Some thought
- 4 Not a great deal
- 5 None

QUESTION 9.

Which ONE of the statements given below best indicates where are you presently in terms of thinking about your first post?

- 1 I have a specific post in mind
- 2 I have several areas I am choosing from
- 3 I know the sort of area I would like to work in
- 4 I am not really sure where I want to go to
- 5 I have no idea as yet about my first post after qualification

QUESTION 10

Have you had an idea about obtaining your *first post* in terms of:

	I have a definite idea	I have a vague idea	I have no idea	Not applicable
Speciality	1	2	3	4
Geographical area	1	2	3	4
Hospital or community based	1	2	3	4
Particular ward or health centre	1	2	3	4

QUESTION 11

On a scale of 1 to 5 how flexible are you willing to be in your choice of first post?

Highly flexible				Inflexible
1	2	3	4	5

QUESTION 12

Thinking about your choice of first post, how much influence does EACH of the following have on your choice?

	Strong influence	Some influence	No influence	Not considered it
First stepping stone in speciality	1	2	3	4
To see what it is like	1	2	3	4
A rotation post planned for deciding a first post	1	2	3	4
The possibility for faster promotion	1	2	3	4
Enjoyed being on ward before	1	2	3	4
Best way of getting job	1	2	3	4
Constrained by location	1	2	3	4
The opportunity to get on further courses	1	2	3	4

QUESTION 13

How important do you see your choice of first post as being to your long term career plans?

- 1 Very important
- 2 Quite important
- 3 Not very important
- 4 Not important

QUESTION 14

How flexible do you think nursing is in terms of changing speciality ?

- 1 Very flexible
- 2 Quite flexible
- 3 Not very flexible
- 4 Not flexible

QUESTION 15

How much guidance have you had regarding your choice of FIRST POST?

- 1 More than enough
- 2 The right amount
- 3 Not enough
- 4 None at all and did not want any
- 5 None at all but would have liked some

QUESTION 16

Circle ALL sources of guidance that apply to you if you received any guidance about your FIRST POST during the course

	In a group setting	One to one
A course teacher who you know	1	2
Another teacher within the school	1	2
Ward manager	1	2
Personnel officer	1	2
A careers officer	1	2
A nurse manager	1	2
Other please specify -----	1	2
No Guidance received	1	2

QUESTION 17

In what form was this guidance given? Please ring ALL that apply

- 1 Written e.g. handouts
 - 2 Formal e.g. in a lecture
 - 3 Informal e.g. in tutorials
 - 4 Other please specify
-
-

QUESTION 18

The table below shows some possible influences on your choice of first post. For EACH please indicate how important an influence it has been on your choice.

	Strong influence	Some influence	No influence
What you have seen in practice	1	2	3
What you have been told by staff in practice	1	2	3
What you have been told in college	1	2	3

QUESTION 19

For **EACH** of the words below, rate how strongly you associate them with an individual who has a career.

	Strongly associated				Not associated
Professional	1	2	3	4	5
Male	1	2	3	4	5
Female	1	2	3	4	5
Businesslike	1	2	3	4	5
Role	1	2	3	4	5
Managerial	1	2	3	4	5
Administration	1	2	3	4	5
Status	1	2	3	4	5
Long term	1	2	3	4	5
Vocation	1	2	3	4	5
Personal choice	1	2	3	4	5
High Pay	1	2	3	4	5
Full time	1	2	3	4	5
Works in the day	1	2	3	4	5

QUESTION 20

How do you rate the importance of being seen by society as "having a career" these days?

- 1 Less important than in the past
- 2 More important than in the past
- 3 The same as ever
- 4 Don't really know

QUESTION 21

To what extent do you agree that nursing is "a job like any other"?

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1	2	3	4	5

QUESTION 22

To what extent do you agree that nursing is a career?

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1	2	3	4	5

QUESTION 23

To what extent do you agree that nursing is both a job and a career?

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1	2	3	4	5

QUESTION 24

When you chose nursing as a course at university, how important was it to you that nursing is seen as a career?

Very important	Quite important	Not very important	not important
1	2	3	4

QUESTION 25

How much guidance have you had regarding your FUTURE CAREER?

- 1 More than enough
- 2 The right amount
- 3 Not enough
- 4 None at all and did not want any
- 5 None at all but would have liked some

QUESTION 26

Circle ALL sources of guidance that apply to you if you received any guidance about your FUTURE CAREER during the course

	In a group	One to one
A course teacher who you know	1	2
Another course teacher	1	2
Ward manager	1	2
Personnel officer	1	2
A careers officer	1	2
A nurse manager	1	2
Other (please specify) -----	1	2
No guidance received	1	2

QUESTION 27

In what form was this guidance given please ring ALL that apply

- 1 Written e.g. handouts
 - 2 Formal e.g. in a lecture
 - 3 Informal e.g. in tutorials
 - 5 Other please specify
-
-

QUESTION 28

Which of the following were included as part of the guidance about career you received? Please ring ALL that applied

SUBJECTS	In a group setting	One to one
Information about particular specialities	1	2
Information about personal qualities and skills necessary for particular specialities	1	2
Information about courses for particular specialities	1	2
Information about courses for further education generally	1	2
Advice on where to apply for first post	1	2
Advice about how to plan further career moves	1	2
Discussion about you personal skills and aptitudes	1	2
Completion of tests e.g. aptitude	1	2
Other please specify	1	2

QUESTION 29

When you received guidance, which of the following most closely describes the effect of the guidance.

	Group setting	One to one
Resulted in me changing my future plans	1	2
Enabled me to plan more clearly ideas I already had	1	2
Encouraged me to follow plans I had already made	1	2
Had no effect as I already had a clear plan of what I wanted to do	1	2
Unhelpful as my plans are restricted by personnel/professional circumstances	1	2

QUESTION 30

How much responsibility do you think the following should have in assisting you with career choices? Circle a number on each line.

	A great deal	Quite a lot	Some	None
The university	1	2	3	4
The trust	1	2	3	4
The student	1	2	3	4
Personal tutor	1	2	3	4

Now we are nearing the end of the questionnaire we would like to ask you some information about yourself.

QUESTION 31

Are you

1 Female

2 Male

QUESTION 32

What was your age last birthday?

QUESTION 33

To which ONE of these groups do you consider you belong?

Black---1. African or Caribbean or
Other black origin

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Asian -- 2. Indian origin
         3. Pakistani origin
         4. Bangladeshi origin
         5. Chinese origin
         6. Other Asian origin
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White----7. British origin
8. Irish origin
9. Other white origin

QUESTION 34

What was the LAST educational institution that you attended before starting your nursing course? Please state your age when you left the institution.

Type of school

1. Comprehensive school
2. Grammar school
3. Fee paying
4. Sixth form college
5. Other please specify

Age you left

QUESTION 35

Which of the following qualifications did you obtain before starting your nursing course? Please ring all that apply.

1. GCSEs or equivalent
2. A level's or equivalent
3. Degree
4. Professional qualifications e.g. teacher training / social work
5. National vocational qualifications
6. Access course
7. Any other qualifications (please list)

QUESTION 36

Before starting your nursing course was there a period of time that you were in paid employment? (Full and/or part time)

- 1 Yes please give an approximate total length of time you were in paid employment.

- 2 No

QUESTION 37

Are you studying for a:

Diploma

Degree

QUESTION 38

Before starting your nursing course was there a period of time when you provided full time childcare for your own children(or those of a spouse/partner)?

- 1 Yes
2 No
3 Not applicable

If there are any comments you would like to make on any of the questions to amplify your answers please use the space over the page.
